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ABSTRACT

This report focuses on the formulation and implementation of family support and education policies in four states, all of which have established programs that provide the core services of parenting education, early childhood development activities, parent support groups, and information about other community agencies. The initiatives are family-centered; preventive, as opposed to interventionist; nonbureaucratic; and community-based. This report is based on field and documentary research carried out over two years. Findings of the research are discussed in terms of placement of family support and education in policy agendas, funding, definitions of state and local roles, and suggestions for future research. Missouri's Parents as Teachers Program, Minnesota's Early Childhood Family Education Program, Connecticut's Parent Education and Support Centers, and Maryland's Family Support Centers are described in detail. Descriptions in each case include a historical overview, a discussion of program development and implementation, and a program evaluation. Appendixes provide a chronology of events for each program's development, and an overview of the states' evaluations. (BC)

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INNOVATIVE MODELS TO GUIDE FAMILY SUPPORT AND EDUCATION POLICY IN THE 1990s:

An Analysis of Four Pioneering State Programs

Missouri's
Parents as Teachers Program

Minnesota's
Early Childhood Family Education Program

Connecticut's
Parent Education and Support Centers

Maryland's
Family Support Centers

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This report owes much to many people. The most important ones are the state agency staff, legislators, program staff, parents and the many others in the four states who generously gave us their time and knowledge to help us document the formulation and early implementation of their state's family support and education programs.

The research for this report was conducted by the Harvard Family Research Project's state case study team. The field work was done by Dr. Heather B. Weiss, Dr. Patricia S. Seppanen and Dr. Bonnie S. Hausman. Dr. Richard L. Harris joined the team after the first phase of field work and assisted with the cross case analyses. This team received excellent editorial assistance from Jeanne Heifetz and Margaret Herzig. Steven J. Hite gave his computer expertise, Irene Mitri typed many drafts, and Charles Gerlach, Eunice Johnson, Chan U. Lee, Grace Shin, Lily Wiatrowski and Tiger Lily Lee all performed a variety of crucial research assistant and copy editing tasks. Finally, Ellen Mayer and Laura Stephens-Swannie helped coordinate production of the report.

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STATE INITIATIVES IN FAMILY SUPPORT AND EDUCATION: INTRODUCTION

In the 1990s, family support and education programs will be high on the policy agenda of many states. These programs promise to be an essential component of the national effort to reform both the public education and welfare systems. Already, the federal government and several pioneering states have entered this important policy arena which offers a nexus for the innovative integration of a variety of educational, social and health services. The state family support and education programs examined in this report represent the first policy initiatives of this kind that have been launched at the state level.

These pioneering programs have broken the ground for future policy innovation in this field and they offer important lessons for policy makers and administrators at the state and national levels. This report focuses specifically on the formulation and implementation of family support and education policies in four states. Two of these states have introduced policies that are being implemented by state departments of education--Minnesota's Early Childhood Family Education Program and Missouri's Parents As Teachers Program. The other two programs are being administered by state social service departments--Maryland's Family Support Centers, and Connecticut's Parent Education and Support Centers.

BASIC NATURE OF POLICY INITIATIVES IN FAMILY SUPPORT AND EDUCATION

The family support and education policy initiatives in these four states have in common the shared goal of promoting child and family development. They have established programs that provide the following combination of core services: parenting education; early childhood development activities; parent support groups; and information about as well as referrals to other community agencies. Some of these programs also provide literacy training, adult education classes, child care, nutritional and health education, family planning information and job preparation training.

Generally speaking, the four state initiatives analyzed in this report have the following basic characteristics:

- They are family-centered as opposed to child- or parent-centered.
- Their approach is proactive and preventive as opposed to interventionist.
- They provide a broad spectrum of social support in a goal-oriented framework.
- Both in orientation and structure they are non-bureaucratic.
- They are concerned with promoting empowerment and self-sufficiency.
- They provide a secure and accepting environment in which young parents can share and explore child-rearing goals, beliefs and concerns.
- Participation is voluntary rather than mandatory.
- They are community- and neighborhood-based.
- They reach out to families unable or unwilling to seek support themselves, and nurture their capacity to accept and use support.

Because of these characteristics, the four initiatives represent an innovative departure from more conventional educational and social services

programs. In contrast to more conventional bureaucratic programs they have a grass-roots, informal, nurturing and down-to-earth quality to them that is quite unique.

During the last two decades, thousands of local family support and education programs have been established outside the social services mainstream at the community level.[1] But it is only in recent years that state governments have started to finance preventive family education and support services. These state-supported programs, along with the community-based programs, hold out the promise of preventing child abuse, teen pregnancy, school failure, juvenile delinquency, drug abuse and welfare dependency.

In prior decades, state involvement has focused on child-centered crisis intervention rather than family-oriented preventive services. State supported efforts in the past have also tended to focus on poor families whose children are perceived to be at risk of school failure, abuse, delinquency, and other problems. More recently, however, several states have taken the initiative in offering preventive services that are aimed at strengthening all families with young children. Three of the states included in this report--Minnesota, Missouri and Connecticut--have established programs that offer family support and education services to parents with young children, regardless of their socio-economic status. The fourth state--Maryland--has initiated a program that is targeted at teenage parents and their families, but includes one local family support center that is open to all parents with young children.

WHY IS THERE INCREASING INTEREST IN FAMILY SUPPORT AND EDUCATION?

The increasing interest in preventive family support and education at the state level appears to represent an important turning point in the relationship between state governments, families and community-based organizations involved in the provision of human services.

Dramatic changes in the structure and composition of families, the increased labor-force participation of women with young children, and the growing recognition of the feminization of poverty in the United States have contributed to a heightened national awareness that American families are in trouble.[2] This awareness, if not sense of alarm, has definitely had its effects upon national and state politics and has led to the development of an increasing number of policy initiatives that seek to strengthen families.

The fact that family support issues have assumed an important place on the current public policy agenda at the state level is apparent in the prominence given the status of families in the official addresses of many state governors, in the establishment of special state commissions and legislative committees concerned with the problems and needs of families, and in the significance given family issues in state reports on economic development, education, and human services. One recent example that illustrates this development is the report by the Governor's Interim Commission on Children and Youth in Alaska, which argues that "support for parents to learn good parenting is the single greatest investment Alaska can make in strong families."[3]

The Alaska report, as well as recent reports by the National Governors' Association, reveal that family support and education initiatives at the state level seek to reinforce the primacy Americans place on the family.[4] This emphasis upon the family is consistent with the findings of more general analyses of the factors that shape public policy in the United States as reported in the works of Carol Weiss and Daniel P. Moynihan.[5] One of the most important factors identified by Weiss and by Moynihan is the determining influence of basic ideological values on policy. This is quite clear in the case of state family support initiatives, where the policy formulators have shaped the goals and rhetoric of these initiatives in accordance with prevailing ideas about the family in American society. Indeed, the fact that family support can be linked to such powerful ideas has helped to make it appealing to policy makers.

The critical role that ideology and basic social values have played in the formulation of

family support and education policy is apparent in all the four cases discussed in this report. According to one Missouri legislator, that state's Parents As Teachers Program:

> *". . . embodies everything essential for political appeal in Missouri. It is a state that doesn't want to take children away from the home. It is family-oriented. The purpose is to strengthen the family unit and to create bonding between the parent and the child in a positive way."*[6]

In Missouri and the other states where family support and education programs have been introduced, these programs have received the support of both conservative and liberal politicians because both can agree on the importance of an effort that seeks to strengthen families.

Because these programs reinforce familial responsibility as well as community responsibility for family development and well-being, they garner broad support. As such, family support and education programs and policies are helping to shape a new approach to American family policy, one that integrates conservative and liberal political perspectives about the proper role of the state toward families. These programs reflect and accommodate the ideals and goals often expressed by conservatives in that they promote self-supporting families and the development of children who will be independent and self-supporting adults. However, they also reflect and accommodate the more liberal view that there is a need for extra-familial, community and public support for families if they are to fulfill their human development roles and responsibilities. These state programs are important nationally, not least because they are helping to establish and demonstrate a new middle ground for family policy,[7] and because they can provide the conceptual framework necessary for integrating disparate initiatives -- from welfare reform to abuse and neglect prevention -- into community-based systems to strengthen families.

The increased interest of policy entrepreneurs in family support and education programs is also a consequence of the changing role of state government in the American political system during the last decade. The emphasis in recent years on transferring decision-making authority from the federal to the state level, coupled with a substantial reduction in federal funds for social programs, has led to the increased involvement of state government in many areas, particularly in education and social services. These developments have occurred at a time when many state governments were already undergoing a process of modernization.

This context of modernization and increasing state responsibility has encouraged innovation and policy entrepreneurship in the executive and legislative branches of state governments. Policy entrepreneurs in both branches have formulated innovative policy initiatives to address the needs of families and young children. They have also built political coalitions to support the adoption and implementation of these policy initiatives.[8] Thus, it has been in an environment of policy innovation and entrepreneurship that family support and education policies have emerged.

BRIEF OVERVIEW OF STATE INITIATIVES

While there are many differences between the four programs examined in this report, their similarities stand out. The two education programs in Minnesota and Missouri are carried out by local school districts and they emphasize strengthening the child's early learning environment by reinforcing the parent as the child's first teacher. However, they also give importance to the community as a context for child development and support for parents. As a result, these education programs emphasize the benefits of strengthening the relationship between families, the schools and other community resources. Both the Minnesota and Missouri programs originated out of pilot projects and they were expanded to a statewide basis as a result of state legislation. This legislation is significant because it extends the responsibility of the public schools "downward" to include pre-school age children and their parents.

The two programs sponsored by social service agencies in Connecticut and Maryland stress the importance of strengthening the family as a means of preventing a variety of costly child and family dysfunctions. They are not yet functioning on a full state-wide basis. The Connecticut program is still in the pilot stage and the Maryland program does not cover all the counties in the state. Both programs started in 1986. They involve state funding of various types of community organizations, including schools, that have been selected by the state to provide a set of core services to parents with young children. Since both of these programs rely upon community organizations to provide the preventive services involved, they are being implemented outside of the normal social service delivery system in these states.

As indicated above, our research indicates that in all four of these states, a small group of policy entrepreneurs has been critical in the development of the program. They see the promise of family support as a means to achieve important goals in public education and/or social service. These individuals have served as policy initiators and have mobilized support for their initiatives among members of the legislature, the governor's office, state administrative personnel and the relevant advocacy organizations in each state. They have also played a critical role in obtaining support at both the local and the state levels for the successful implementation of these initiatives.[9]

The time span over which the four programs have developed varies considerably among the four states. The older initiatives are those in Minnesota and Missouri. In the case of Minnesota, the idea for the program first surfaced in the early 1970s. Legislation providing for a family support and education program within the State Department of Education was first introduced in 1973 (although it was defeated). In Missouri, interest in parent-oriented early childhood education also began in the early 1970s. However, state-sponsored pilot projects in parent and early childhood education were not implemented until the early 1980s. The success of these pilots led to the passage of legislation mandating statewide provision of the program in 1984. Both the Maryland and Connecticut programs began in 1986 and are marked by a much more rapid period of gestation.

All of the states began their pilot efforts with relatively small allocations of funds. Initially, this appears to have minimized the opposition to the introduction of these programs. However, the older programs, in Minnesota and Missouri, appear to have gone through a "famine to feast to famine" cycle. They started with a few sites and limited funds and soon thereafter expanded rather quickly to many sites, but in recent years they have seen their responsibilities increase without a comparable increase in funding. Moreover, now that these programs have increased in size and funding, they have begun to compete for funds with other agency programs. The possibility of opposition and competition appears to be more likely as their visibility and funding increases.

RESEARCH METHODOLOGY:

This report is based upon both field and documentary research carried out over the last two years. Extensive interviews were conducted with the state officials involved in the formulation and implementation of the four programs examined in the following pages. In addition, interviews were conducted with the local providers of the services involved, as well as with key individuals associated with either the mobilization of support or the evaluation of the programs, and representatives of the private foundations that have helped to finance one or another aspect of these programs. The responses of the different groups were then compared with one another. Along with the interviews, extensive written documentation was collected on each of the state programs.

On the basis of the documentation collected and the information obtained from the interviews, it was possible to develop the four case studies contained in this report as well as a series of cross-case conclusions about the nature of family support and education programs at the

state level in the four states investigated. The next section of this report contains these cross-case conclusions, as well as a discussion of important questions about the future development of family support and education programs that have emerged from the four case studies.

It is important to note here that this report would not have been possible without the support and encouragement of the many individuals who were interviewed or contacted during the research stage that preceded the writing of this report. Their willingness to share their views and information with us made the task of investigating the four programs an enjoyable and richly rewarding experience.

THE SIGNIFICANCE OF THE FOUR STATE INITIATIVES

The four state initiatives described in this report have established important precedents, and much can be learned from their experiences. They are developing new relationships between state government and families through the provision of preventive family support services. As already mentioned, a large number of community-based family resource programs have developed outside the social services mainstream over the last two decades. However, the four state initiatives examined in this report reflect what might be called the "mainstreaming" of family support and education programs. They raise the important question of whether family support services that are provided on a statewide basis can preserve the positive aspects of the pre-existing community-based approaches without incurring the ills of centralized control, bureaucratization and rigid professionalization. These programs will have to avoid these common ills in order to remain innovative, maintain community responsiveness, continue to emphasize a preventive approach and empower their participants.

It is already clear that the four state initiatives examined in this report are being followed by a new round of innovative programs, as additional states assume responsibility for family support and as knowledge about the existing programs is diffused. In the following chapter of this report we discuss the lessons that can be derived from the experience of the four pioneer state programs, and the issues that new states entering the family support and education arena will most likely have to face. These lessons and issues derive from the more important insights that we have obtained from our field research on the programs in Maryland, Minnesota, Connecticut and Missouri.

In the next chapter, we also raise some important questions about policy relevant issues that require future research. This is appropriate since the research upon which this report is based can best be characterized as ground-breaking. Much more research needs to be focused on state family support and education policies in order to increase our understanding of this important new field of policy innovation at the state level. The project's current research is concerned with both keeping abreast of new developments in this field as well as studying the implementation of state-sponsored family support and education policies.

The remainder of this report consists of the four case studies which we have produced on the formulation and initial implementation of family support and education policy in Missouri, Minnesota, Connecticut and Maryland. Each of these studies follows the same general outline: a brief discussion of the larger historical, cultural and political context in which each state program has been introduced; the identification of key policy entrepreneurs who have formulated the policy that has given rise to each state program; a discussion of the events leading up to the introduction of each program; an examination of the scope and operation of each program; a discussion of the lessons to be learned from each case; and, finally, a brief summary or set of conclusions.

LESSONS, MAJOR ISSUES AND QUESTIONS FOR FUTURE RESEARCH

In this chapter, we present our findings about the formulation and early implementation of family support and education policies. We also discuss critical questions about policy implementation that we will address in the next phase of our research and offer a brief discussion of considerations for those planning new family support initiatives in other states.

PLACING FAMILY SUPPORT AND EDUCATION ON THE POLICY AGENDA

The evidence from the four case studies indicates clearly that the family support and education initiatives in each state are the product of particular conditions and forces. However, comparison of the cases also reveals that there are generic aspects of policy formulation in the family support area and some common issues in the development and implementation of these state-sponsored local programs. This chapter presents some of the initial findings derived from our ongoing field work and analysis. These findings are presented in the form of: lessons derived from the experience of the four pioneer programs; the identification of the major issues of policy formulation and implementation in this field of policy; and the delineation of critical questions about family support policy and program implementation that require further research.

We begin with a discussion of the politics of placing family support and education programs on the policy agenda and examine the rationales used to garner broad public support and to minimize opposition. We then look at issues in the formulation and early implementation of the state-sponsored programs, paying particular attention to the delineation of state and local roles in the development of state-sponsored community-based programs. We discuss some of the outstanding questions that we are addressing in our continuing research on program implementation in these four states and in our new case study of Kentucky's PACE program, and we conclude with a brief discussion of issues for other states to consider as they shape their own efforts to strengthen families.

1. Family support and education policy in the four states has been initiated and developed by a few key policy entrepreneurs. Our research indicates that in each of our four cases, a few key actors, whom we label "policy entrepreneurs," initiated the formulation of state family support and education policy. These policy entrepreneurs -- generally some combination of state administrators, legislators and members of the governor's staff -- have viewed their roles as involving the development of new programs, not just the maintenance of already existing ones. They have sought to take advantage of the new federalism by developing state policy initiatives that reflect the needs, resources and values of their state. They share a common belief in the importance of family-oriented and preventive measures. These policy entrepreneurs are committed to developing and maintaining potentially large and far reaching policy initiatives designed to grow on a long-term basis.

The experience of the four states shows that the process of placing a family support and education initiative on the political agenda takes a considerable amount of time and requires that the policy entrepreneurs cultivate relationships with a broad set of individuals and groups who can affect the outcome. A variety of steps were taken by the policy initiators to obtain necessary ongoing political support. They included the use of commissions and task forces as well as the formation of alliances with other groups that were intent on framing the state's response to related problems such as teen pregnancy, illiteracy, unemployment and rising social welfare costs. The key players skillfully maneuvered their policy initiative through these policy-planning bodies and the larger policy-making system. The Maryland

case, in particular, demonstrates how just a few key policy entrepreneurs succeeded in placing family support on the agenda of the state's inter-agency task forces and the state commissions concerned with the needs of children and families.

2. **The policy entrepreneurs in the four states have recognized the necessity of enlisting the support of other actors in the policy process who can affect the adoption and implementation of the policy initiative.** A critical task for policy entrepreneurs has been to identify other key actors who can affect the outcome of the policy initiative and to involve them in appropriate ways. The cases suggest that once a commitment was made to develop a programmatic initiative, the policy entrepreneurs conducted an informal environmental scan to determine the most likely sources of support and opposition to their initiative. The scan has typically led to the decision to involve members of the following groups: advocacy associations; the business community; service providers; state legislators and their staff; personnel in key state agencies; and the governor and his or her staff. The scanning process is ongoing; throughout, the entrepreneurs have paid continuous attention to understanding the views and the current interests of the various actors within the state policy arena.

The experience of the four states shows that top-level support from the ***executive side of state government***, specifically from the governor and the head of the relevant state agency, has been an important factor in insuring that the family support initiative would receive the attention necessary for the initiative to move through the policy process. The support of the commissioner or secretary of the most relevant state agency has been crucial at an early stage in order to include the initiative in the agency's budget request. Even if the initiative originates in the legislature, the agency head and the manager of the unit that is charged with implementation cannot be overlooked, because a program that requires reallocation of staff resources may not get very far if it is not supported by the agency charged with implementing it. In each case, the support of the governor was also necessary at some point in the process. For example, in Missouri, the governor played a vital role, making PAT one of his top priorities.

In three of the four cases, the support of ***key legislators*** has been crucial to the success of the policy initiative. These legislators tend to be "insiders" in the policy process, i.e., they are often specialists in the policy area within which the initiative falls, and they know how to influence the decisions of other key actors in the larger policy system. The initial as well as ongoing support of key members of the legislature is, in most cases, an absolute necessity in order to obtain funding for the initiative in its early stages and subsequent appropriations to maintain or expand it. The Missouri and Maryland cases reveal how important it is for the policy initiators to enlist legislative support for their initiative. In both of these cases, the policy entrepreneurs had to gain the support of key legislators in order to obtain funding for the family support initiative.

The key players in each of the states have also had to take into account the interests of ***bureaucratic rivals and allies***. Potential bureaucratic rivals in Connecticut came from another division of the state agency in which the initiative originated. In Minnesota, the person currently responsible for managing statewide implementation has had to build favorable relations between the local program coordinators and the staff of the state administrative agency responsible for the program. She has also worked to rebuild cooperative relations with bureaucratic rivals from adult vocational education who felt that the statewide initiative would usurp their role of providing parent education classes to families with young children. She has continued to network with other agency staff and advocacy groups in order to foster a unified front of support. As a result, the program is widely viewed as a significant and legitimate part of a comprehensive package of services for children and youth provided by various public agencies. As the Minnesota case makes clear, continuing to work with different actors and groups is important in order to maintain the program and weave it into the fabric of state services.

The key actors also found that they needed to take into account certain individuals and groups who did not necessarily have an official role in the implementation of the policy initiative. These ***gate keepers*** were important because their approval or endorsement was needed for the initiative to move forward. For example,

the state-level staff charged with implementation in Minnesota and Missouri found that they needed to develop close relations with local school boards and superintendents. In Connecticut and Maryland, the key actors found that it was critical to have the support of the staff in the governor's budget office. They spent time familiarizing these staff members with the intent of their proposals in order to enhance the chances of a favorable review.

The Maryland case presents the best example of key players seeking the blessing, and sometimes the active support, of a wide spectrum of leaders in the state, including: important religious and community leaders; recognized state experts in child development, teen pregnancy, and child abuse; opinion leaders in voluntary associations; and the heads of other state agencies. In Missouri, the commissioner of education, and even the governor, made broad sweeps of the state to seek the support of various community groups. In Minnesota, State Senator Jerome Hughes sought support from various groups, including members of the judiciary and the medical community.

Many gate keepers are members of ***interest groups*** in the state. The key policy advocates, particularly in Maryland, Missouri, and Minnesota, found that sustained attention must be paid to racial groups, religious organizations, the local media, and child-care and early education providers. If such groups are not 'brought on board' as supporters, their potential negative influence must somehow be defused. Interestingly, parents themselves have not been actively cultivated as an interest group until the pilot programs have been implemented; then the vocal support of parents has been used with the legislature at critical times, e.g., during budget hearings.

Private, local and national foundations have also been important actors in catalyzing family support and education initiatives for at least three reasons. First, they can help shape the policy agenda and policy formulation, both nationally and within a state, by making funds available to study and/or draw attention to the needs of young children and their parents. For example, a study, commissioned by the Goldseker Foundation in Maryland, that called for an active program to educate Baltimore's youth, reinforced the importance of the family support and education initiative in that state. Second, foundations can contribute resources to the initiatives. In Maryland, several private foundations have augmented state operating funds for the local Family Support Centers and provided funds for Friends of the Family, the non-profit agency responsible for the development of the program. Third, the key actors in Maryland and Missouri have successfully sought funds from private donors for training and program evaluation, activities that state legislators are sometimes reluctant to fund. In Missouri, the Danforth Foundation played a key role in supporting the training necessary for the pilot programs and continued to support other discrete PAT activities.

Finally, a group that cannot be overlooked during the initial stages of policy formulation is the ***key implementors*** **at the local level.** They need to be involved before a policy initiative has been adopted as well as throughout the implementation process. Evidence across the cases indicates clearly that the key policy advocates have recognized the importance of involving local program directors and staff in joint problem-solving and planning. Over time, the implementors of local programs become a crucial interest group that is willing and able to advocate the expansion of the program.

3. The key actors in each case successfully anticipated and either side-stepped or defused opposition to the initiative. The policy entrepreneurs carefully and skillfully placed the family support and education initiative onto the prevailing policy agenda in such a way that they were able to win the support of potential adversaries or sidestep, co-opt or minimize the opposition.

In Minnesota, early opposition came from child-care providers, even though Senator Hughes had crafted the legislation so that the public schools would not be perceived as moving into this area. Opposition from the child-care community was defused by excluding child-care from the program and by involving leaders of the child-care community on a task force to monitor the implementation of the program during the pilot years. This strategy resulted in an initiative

that the child-care community did not actively oppose.

In Missouri and Maryland, the key players crafted their initiatives to appeal to powerful conservative groups that were concerned about abortion and church-state relations. Support in the Maryland legislature was so broad that when opposition finally came in the final stages of policy adoption, it was minimal.

It is important to recognize that opposition to family support and education initiatives can come from within the sponsoring state agency. The Connecticut case offers an example of how potential opposition within the host agency can be addressed. In the planning period prior to the formal budget process, representatives from the opposing group were co-opted by appointing them to committees that resolved differences of opinion about the proposed program.

Several of the states set up state advisory boards for their program in an effort to enlist opponents, and to galvanize support from key constituencies. The Missouri case illustrates how these advisory boards sometimes played key roles in gathering support from legislators to expand the program.

4. Family support and education policy initiatives have been inserted into the political agenda in each state with careful consideration given to the prevailing concern about social problems as well as the general anxiety about the declining well-being of children and families. In developing strategies for the formulation of a policy, the key actors found that they had to fit their policy proposal very carefully into the particular policy agenda of the most important decision makers in the state's political system. The success of this kind of strategy appears to depend upon linking the family support and education initiative to perceived problems or concerns that have already been recognized in the state's political arena. In order to entice wide support, the proposed preventive initiative is linked to broader concerns about the well-being of young children and families, which are in turn related to the state's economic development and competitiveness, and to growing social welfare expenditures.

Our research suggests that the advocates of the initiatives in Minnesota and Missouri capitalized on growing interest in the preventive aspects of early childhood interventions when they began to generate support in the 1970s, so the need for early intervention programs was tied to prevention of more costly later remediation efforts. Program advocates argued if we don't do something now for all young children and their parents, things will get worse and cost us more later. The policy advocates in Missouri predicted increased educational expenditures based on population trends and brought in national experts to present prevention models for discussion at public conferences.

In the process of keeping the pilot initiatives alive and growing, policy entrepreneurs and program supporters have sometimes returned to previous program rationales that are in accord with new public interests, trends and data about children and families. Concern about the well-being of children heightened in the 1980s and the policy entrepreneurs have used this general concern to argue for new programs and/or the expansion of pre-existing programs. In Minnesota, for example, census data about the worsening status of children, both nationally and in the state, was presented as evidence of the need to expand that state's limited pilot initiative into a statewide program in the mid-eighties. By the mid-eighties then, through the combined efforts of staff from the state's Council on Quality Education and the local pilot programs as well as parent participants, there was finally sufficient support for the adoption of a statewide program; and Senator Hughes, who had waited for the right time to push for statewide implementation, took advantage of this situation.

In Connecticut and Maryland, the states with the most recent initiatives, the key actors were able to take immediate advantage of the growing importance of children's issues in the political arena. The well-being of children and youth has been linked to the economic well-being of these small but generally prosperous states. Broad-brush data, indicating that poor children and parents in these states were "being left behind," has been used to bring political attention to the problem. Thus, a 'human capital' argument has been presented: if large numbers of unskilled

and illiterate individuals continue to enter the labor force, the state's economic growth will be adversely affected. The state's investment in children and families, therefore, is considered an investment in the long-term economic growth of the state as a whole.

The policy advocates in these two states also clearly tied their initiatives to specific concerns about family issues that could galvanize the strongest emotional support and the broadest political consensus. In Maryland, this included consensus about the need to do something about adolescent parents. In Connecticut, there was a pervasive concern about the overall health of minority families, particularly single and adolescent mothers with young children. In fact, Connecticut's program was only one of many prevention proposals that were submitted to the state legislature.

In all four states, there now exists a general political climate that is favorable to strengthening families, and program supporters are attempting to use this to maintain or expand their initiatives. This climate has been created by blue-ribbon commissions, gubernatorial reports, legislative resolutions, media coverage and other informational activities that stress the importance of investing in programs that strengthen families.

5. The prevailing values and beliefs in each state about the role of government in family life have exercised a major influence on policy formulation. As the preceding observations indicate, the four case studies reveal that close attention must be paid to the larger social, ideological, and cultural context in which family support and education policy is developed. For example, the widely held values of progressivism and practicality regarding governmental intervention in Minnesota undoubtedly shaped the early policy initiative in that state. On the other hand, the political and fiscal conservatism in Missouri, combined with the prevailing belief in that state that the education of young children is strictly the responsibility of parents, shaped their program and the political strategy used to "sell" it. Thus the pilot program, and later statewide expansion of the program, were presented as initiatives to help parents develop the capacity to rear their children, as opposed to state usurpation of parental responsibilities. The policy's proponents in this case also emphasized the cost-effectiveness of the program. This made the statewide adoption of the initiative more palatable to the legislature and educators across the state.

The four cases make it clear that in planning and formulating family support initiatives, it is extremely important to determine the prevailing ideology in the state concerning the proper role of government in family life and to present the initiative in terms that are consistent with this ideology.

The key actors in the four states have found that they need to pay special attention to the language they use to define family support and education policy so that it is politically acceptable. Careful characterization and rationales allowed these four state initiatives to gain the support of both conservatives and liberals. The initiatives have been presented in terms that addressed values and goals favored by conservatives, i.e., promoting well-functioning, independent, self-supporting families who can contribute to the economic growth of the state. And they have also been presented in a manner consistent with the liberal perspective that extra-familial and community support are critical for the effective functioning of families.

The policy entrepreneurs were aware from the outset that their initiatives might be opposed or lose support if they were associated with controversial family-related issues. In Maryland and Missouri, for example, the key players crafted their initiatives so that they would not be associated with abortion or issues of church-state relations. It was particularly clear in both states that these initiatives would have been crippled if they had become linked with abortion. And in Minnesota, Senator Hughes was careful to keep any mention of 'child care' out of the legislation, because at the time child care connected to public schools was politically unacceptable.

Ideological controversies lurk in the background of most policy initiatives on behalf of family support and education. The possibility that these controversies can cause unexpected problems when the legislature is considering the adoption of such initiatives reinforces the need for the policy advocates to understand thoroughly the

political and social forces in the state, particularly the forces that might be provoked into an antagonistic stance by a carelessly framed presentation of the initiative's methods or goals.

Finally, the policy entrepreneurs in the four states have carefully framed their programs to stress that ***both the family and the government*** have responsibility for creating a nurturing environment for human development. As a result they have avoided the acrimonious debates between liberals and conservatives that took place over family policy in the 1970s and early 1980s. Instead, they have succeeded in presenting family support in such a way that it provides a middle ground where both conservatives and liberals can and do join together to support it.

6. **Influenced by research in early child development suggesting the critical role of the family on the one hand and by some policy-makers' reluctance to intrude in the family and private child rearing domain on the other, the policy initiatives in all four states have given careful attention to a balanced emphasis on program benefits for children and families.** In Connecticut, Maryland and Minnesota, the key advocates were intent on developing family-focused programs from the start because it was the parents' behavior that they wanted to influence in order to enhance child and family development. A belief in the power of early bonding between the child and the family underlay the Parent Education Support Centers in Connecticut as well. In Maryland, the key actors developed a model that would conform to the basic requirements for successful child development. In Minnesota, Senator Hughes' passionate belief in the value of educating individuals throughout their life span and a belief that "home is the first academy" influenced the development of the program.

In the case of Missouri, the issue of whether services should be directed to children or to families was raised quite early. Knowledge of the critical importance of learning during the first three years of life led early childhood educators to develop a program model of educational services for the 0-3 period. During the 1970s, Missouri hosted several statewide conferences to facilitate discussions about the merits of child- versus family-focused programs. Ultimately, the decision was made to adopt a family-focused model, first because it was believed to be more cost-effective, and second, because sentiment in Missouri argued against a program that would provide services for young children outside the home.

FUNDING, ELIGIBILITY AND AUSPICES

7. **In the four states the policy entrepreneurs, by choice or default, have followed a strategy of starting the family support and education initiative on a small scale with modest funding.** None of the four states has a family support program that began as a large-scale legislative mandate. Instead, in three states the policy initiators have followed a strategy of capacity- and constituency-building by starting small, with modest pilot programs. With the exception of Missouri which employed a non-competitive research and demonstration approach at four sites, the states began with a small competitive grants program. After a failed attempt to begin the program on a statewide basis in Minnesota in the mid 1970s, the program's originator, Senator Jerome Hughes, pursued the strategy of starting small and gradually multiplying the local programs. Each state initiative also has begun with a pilot effort and approximately the same amount of funding ($300,000).

Each state director has indicated that starting small has made it possible to concentrate on developing an effective service delivery system with limited expertise and resources. The pilot projects provide the opportunity to develop expertise, organizational capacity, and a broader constituency. In most cases, the initial pilot sites were well chosen so that the versatility and applicability of the program to different parts of the state could be demonstrated adequately. These pilot efforts have given the program's advocates an opportunity to generate evidence that demonstrates the value of the program and to test different techniques and arrangements before going to statewide operations.

Moreover, pilot demonstration efforts are an effective way to introduce innovation into an existing organizational system. Even though policy advocates in some of the states allude to the more sweeping objectives of broadening the social

service continuum of social welfare or expanding the mission of public education to include family-oriented prevention services, the success of their initiative seems to derive in part from the fact that, as small initiatives, they did not threaten the agency status quo in major ways. This is an important consideration because these family support efforts reflect a substantially new approach to dealing with families and represent a departure from the ways in which most state agencies and their contractees have provided social services in the past.

In adopting the strategy of capacity-and-constituency bulding none of the successful advocates in our studies publicly called for a major restructuring of the prevailing system even when this may be their long-term goal. They did not advocate goals or means that might be perceived as disruptive, extremely threatening or impossible. They appear to have followed the kind of incremental approach so common in the public sector, whose virtues have been noted by numerous policy analysts.

8. A variety of funding mechanisms have been utilized in the four states, but in no case has the reallocation of existing state or local funds been involved. One of the questions that the key players in the four states considered was how their initiative would be financed. The reallocation of existing local or state funds was not relied upon to finance the new programs; this may have helped to avoid early opposition from more established programs. In three states, the key players decided initially to seek a state appropriation. Connecticut and Minnesota began with only state resources, and Maryland's Family Support Centers started with a combination of state funds and support from the private sector. In Missouri, the pilot phase of the initiative was financed with a combination of private foundation and local funds plus federal education funds allocated by the state. Convincing the Missouri legislature to allocate state funds was a critical factor in expanding the pilot initiative into a statewide program. In each state there are examples of local dollars and in-kind services being used to supplement the program once it is established.

As the Minnesota initiative has evolved into a statewide program, it has relied upon a funding mechanism similar to that already adopted by the state government for the funding of other local discretionary programs. The local school boards that offer community education programs through the levy of a small tax increment may now vote to do the same for Minnesota's Early Childhood Family Education Program. Thus, a mechanism that was already used to finance local community education activities has been utilized to finance the program. When the levy does not generate the level of revenue required under the legislation, state aid is used to make up the difference, based on the same formula as that used for equalizing educational spending across rich and poor districts.

9. The four states vary as to where they lodge administrative responsibility for the initiative, but three have involved or created units with some autonomy from the sponsoring state agency. In each case the arrangements have given administrators the autonomy and flexibility that is necessary to foster the development of a type of program that is relatively new within the state's administrative context. Minnesota, Maryland and Missouri have developed their programs using administrative units distinct from the sponsoring state agency. In Minnesota, the initial assignment of the pilot program to the pre-existing Council on Quality Education, whose larger mandate was to review experimental programs for cost effectiveness and efficiency, provided legislators with a legitimate and trustworthy host for an unproven program.

After the first year of program operation under the mantle of the Department of Human Resources, the founders of the Maryland program created a separate non-profit entity, called Friends of the Family, to avoid the problems of building a new type of program within the existing bureaucratic state apparatus. This arrangement made it possible to minimize the inevitable red tape inherent in dealing with a large state agency, establish a partnership between public and private actors, enrich the public resources available for training and model development, and innovate without the public agency having to take direct responsibility for any flaws or defects in the program during its early formative years.

In Missouri, the pilot phase was under the auspices of the State Department of Education, but the founders of Missouri's program set up the independent Parents As Teachers National Center to provide training and oversight as the program moved to full statewide implementation. The state contracts with the center for these services. This arrangement allows the state to insure that districts will be able to hire staff who have been carefully trained to implement the model, provides ongoing training and professional development to all local staff, enriches the public resources available for evaluation and program development with foundation grants, and equips the state to respond to the substantial number of out-of-state requests for training and information about the program without using state funds. The National Center staff monitor program development and implementation and as a result can feed useful suggestions for further development of the model to the Department of Education and the local school districts.

The responsibility for administering Connecticut's Parent Support and Education Centers rests with the unit within the State Department of Children and Youth services that oversees the implementation of the agency's prevention services. This allows them to coordinate the initiative with overall prevention efforts. The agency affords the initiative's administrators a fair amount of flexibility and autonomy in their management of the local programs.

10. **In these four cases, the type of state agency that is given responsibility for the family support and education program determines the kind of local agencies that will develop and implement the programs.** In the two cases where the key policy advocates have been educators and the program has been administered from the state department of education, responsibility for program implementation has been given to the local school districts. The administrators of the social service initiatives, in contrast, have used a competitive grant process to enlist a variety of community-based organizations as well as schools. The decision to fund multiple types of community agencies appears to be a function of past agency contracting practices, the desire to avoid the stigma attached to "social welfare" programs, and the goal of locating programs in agencies that have substantial community credibility as well as relevant expertise.

It should be noted that the two education-based initiatives have encouraged the local school districts to involve other agencies in the community and to offer their services in other non-school settings such as hospitals, apartment complexes, or community centers to maximize outreach and minimize participant discomfort in school settings. The two social-service based initiatives have similarly encouraged cooperation with other services and use accessible and user-friendly locations for service delivery.

The Connecticut and Maryland cases however, suggest that future state choices about local sites could deviate from the pattern noted in our research. In Connecticut, the Department of Children and Youth Services has implemented its program through grants to a variety of community-based organizations, but a more recent initiative, involving inter-agency collaboration between the Departments of Human Resources and Education has involved a program that is administered by the Department of Human Resources but located in school sites.

11. **The decision about whether to target services or provide them to all families is influenced in part by the current or desired service orientation of the agency that is responsible for the policy.** Both Minnesota and Missouri offer their family support and education services to any family with children in the requisite age group. This tendency for education-based programs to offer their services on a universal basis is in accord with the historical tendency toward universal public education. This historical tradition makes it easier for advocates to assert that the program is an extension of universal public education. In their arguments, supporters of universal services have claimed that targeted programs create an unnecessary stigma for 'at-risk' families, making it even more difficult to recruit and keep them involved in the program. They also argue that having a mixed population in group sessions facilitates parents' observation of various approaches to parenting.

Social service agencies, on the other hand, traditionally target their services. This makes Connecticut's Parent Support and Education Centers especially noteworthy since they serve a wide range of families. There, as part of their overall long-term strategy to add primary prevention programs to the continuum of services, the key players argued for a universal-access primary prevention program within a social welfare agency that was accustomed to providing targeted treatment services. By involving personnel throughout the agency in planning the initiative, the key players were able to achieve a compromise: universal access was provided to parents of children under 18 years of age, with ***first priority*** given to those considered at risk (such as adolescent, first-time, low-income, and minority parents).

The one state that opted for a targeted program did so largely for political reasons. Although the key participants in the formulation of the Family Support Center program in Maryland preferred universal access for their preventive program, they accepted the idea that services would, at least initially, have to be targeted at pregnant and parenting teens, recognizing that this was necessary to move the initiative through the political process. However, one local center is open to all families with children 0 - 3 and such universal access at all the centers is a long-term goal. Nevertheless, early decisions about targeting may be difficult to change. Rosalie Streett, the director of Friends of the Family, now worries that it may be difficult to move from a targeted to a universal access system.

Once universal programs are in place, evaluations of their outreach and effectiveness with high-risk families prompt questions about whether they can indeed reach and serve these groups. This then raises questions about equity and about whether universal programs are truly universal. In some places, it appears that without substantial outreach efforts and differentiated programming, it is only possible to attract and serve families that are easy to reach. This poses the danger that such programs will become simply another benefit for the middle class. Connecticut has attempted to address this problem by creating universal programs which are required to serve a certain percentage of at-risk populations.

12. Once the programs are in place in local communities, pressures to make voluntary programs mandatory for certain types of families sometimes emerge. In all four states, participation by families is voluntary; mandatory participation was not seriously considered. To be politically acceptable, especially in Missouri where powerful opponents were waiting to criticize the proposal as an intrusion into the private realm of the family, participation by parents had to be voluntary. However, especially as programs became well known, pressures developed in local communities to make participation mandatory for special populations. In Minnesota, pressure to serve court-ordered abuse and neglect cases has increased as the program's popularity and successes have become known. Since 1984, when the program became statewide, local programs have complied, in many instances, with court requests to serve certain families. Administrators in Connecticut are also beginning to feel these pressures. They worry that if they do not enroll court or welfare clients other agencies will start parallel and competing programs to do so. At the federal level, the Family Support Act includes provisions for parent education and/or family support programming for some welfare recipients. Any family support program must therefore anticipate the growing pressures for mandatory services when their services are seen as part of welfare reform efforts.

DEFINING STATE AND LOCAL ROLES AND BUILDING ACCOUNTABILITY

13. Building the human capacity to deliver family support and education services is one of the most important contributions that the state can make in this field. Because large numbers of people trained or experienced in working with parents and young children are not available in many communities, the states are playing a critical role in training staff as well as in other matters like recruitment, qualifications, and credentials. The scale and locus of the state's training efforts vary, but each state has set up ongoing, inter-site training sessions and facilitated peer support and

the exchange of technical assistance among program units. The program networks that have resulted provide a steady stream of input *to* as well as *from* the state. This flow permits the evolving practical knowledge to be shared as it is being developed.

Recognizing longer-term issues of labor supply and human capacity, some states are also working with colleges, universities and training consultants for assistance in the areas of staff training and certification. In developing state guidelines on staff composition, training and certification requirements, the states are trying to integrate their evolving sense of the necessary skills and expertise, the need for some standardization to insure quality, the realities of local labor supply and pay scales, and the needs of each local program for flexibility in hiring personnel who can work skillfully and successfully with local parents and their children.

14. Successful implementation of family support and education programs appears to depend on a combination of central authority and local autonomy. Closely related to the above-mentioned considerations has been the need to balance central authority with some degree of local authority. In each state, the staff within the organizational unit at the state level have operated with a considerable degree of autonomy from the existing social welfare or education bureaucracy. Each unit has been able to craft its own requests for proposals, hand-pick local sites, and maintain very close contact with local project directors and their staff, thus minimizing the co-optation of the initiative by either local schools or social service bureaucracies. At the same time, they have nurtured a cadre of local program directors and staff by means of ongoing training and team-building activities.

The agency staff in each state who were charged with implementation were ready and willing to take on this responsibility. They have exercised varying degrees of top-down control over local programs. At one end of the continuum, the state-level staff in Missouri viewed their pilot phase as one of research and demonstration, hoping to show that governmental support or assistance to families would generate measurable gains for children. The local program sites had to agree to provide specific services under certain conditions and "religiously" follow a specified curriculum. Early problem-solving by state-level staff focused on issues related to the evaluation design. Later research results were used to help substantiate a request to the legislature for financial resources for program expansion.

At the other end of the continuum, pilot implementation in Minnesota occurred in an environment that traditionally favored local control instead of state-mandated programming. The legislation allows for maximum flexibility in local services and curriculum development, as long as parents and their young children are the primary recipients. This was facilitated by formative evaluation data that linked efficient implementation to the development of strong grass-roots support. The Connecticut case presents the more middle-of-the-road approach of the four states, i.e., local sites must agree to serve certain types of families (families defined as under-served, or adolescent parents) and provide a certain overall configuration of core services.

In all four states, state-level staff have minimized program distortion, or 'drift' at the local level by providing basic mandates and guidelines that inhibit competing demands from shaping local program standards and services. In isolated instances, local programs have not received funding for a second year of operation if state-level staff felt that the program did not meet the basic legislative intent of the initiative. More importantly, and more constructively, the active involvement of local providers in ongoing problem-sharing and problem-solving has served to enhance their commitment to carrying out the spirit and intent of the initiative. Thus, too much control over implementation planning at the state level may actually promote program distortion, while extensive consultation and ongoing joint problem-solving with local implementors tends to produce the desired results.

15. From the outset, the state officials responsible for program development have made critical decisions about how much to standardize services and how much to encourage local flexibility and variation. The key actors responsible for program development (at either the state or the local level) have faced a number

of interrelated issues of program design, involving important considerations of how much flexibility and discretion to give the local implementors and decisions about replicating or adapting models developed elsewhere. Over time, each of the states has specified a core set of services that each local site must provide in order to achieve the goals of the initiative. However, they vary in terms of how precisely they define these core services. Maryland specifies the services to be delivered while Missouri expects local school districts to implement a common curriculum and the basic Parents As Teachers model. Through training activities, the state-level staff in each state assist the local sites to build their service-delivery capacity and meet common standards.

Maryland's program, with its emphasis on serving adolescent parents and their children, requires local centers to provide a broad set of services, including: a) counseling and other services to avoid unwanted additional pregnancies; b) diagnostic and assessment services; c) temporary child care; d) general educational services for parents; and e) job preparation and skills development. The Missouri case presents the most conscious effort to adopt a recognized model of services and to develop curriculum materials centrally. They have required the local sites to replicate the adopted model of services and, as indicated above, to follow a common curriculum. During our visits to local programs in Minnesota, we found that in some cases, local programs were voluntarily collaborating with other agencies in the community to develop more comprehensive services for particular types of families considered at risk, including adolescent parents.

Connecticut gives the local implementors the freedom to experiment with their services and their activities so long as the effect of the program remains the provision of family support and education. Local sites have adopted different curricula and approaches from published sources, borrowed successful practices from each other or from other recognized programs across the United States, and developed their own materials and styles of working with families. Thus, a basic model may eventually emerge in a state, not due to forced replication, but based on the voluntary adoption of curricula and approaches from fellow local providers. In Minnesota, sharing information between local districts is part of the core strategy used to facilitate effective program implementation across the state.

The key actors in each state have also had to decide whether to replicate or adapt an established model of services. Two have modified existing models previously implemented at a limited number of sites in another state. In Maryland, the key actors had in mind Illinois' Family Focus model when they established their drop-in Family Support Centers, but they left curricular decisions to the local programs. Missouri's Parents As Teachers model is adapted from the Brookline Early Education Project, developed by Burton White and a Massachusetts school district in the 1970s. As noted previously, local programs in Minnesota and Connecticut have been encouraged to adapt or use models and materials developed elsewhere as well as to develop their own.

At some level, the state agencies in all four states appear to have recognized that it is critically important to give some discretion and flexibility to the local implementors in order to enhance the chances of successful implementation of the program. Areas in which local decision-making has been encouraged are: the location for delivery of services; the addition of related services; linkages with community organizations; and outreach approaches.

16. While the four state initiatives vary in their staffing requirements, pay scales, and opportunities for career development, each one has tried to balance some state specification of the expertise required to deliver effective services with some measure of flexibility for local programs in their staffing decisions. Local flexibility has been important not least because of different labor pools and pay scales. Connecticut has not mandated specific staffing requirements, leaving these decisions to the local pilots. In Minnesota, early flexibility in hiring during the pilot years has given way to a statutory requirement that all teachers who work with parents and children in the program must be appropriately licensed; the state has relied on local colleges and universities to develop and offer particular degree programs. Missouri has worked to build skilled parent educators through training. It mandates that parent educators have five years of experience

working with young children and parents and requires that parent educators complete a PAT pre-service training program (30 hours) and subsequent in-service training activities each year for four years (10-20 hours per year). Maryland's statewide agency, Friends of the Family, has begun to specify the kinds of expertise that should be represented in the staff of local programs and uses its specialists to provide technical assistance and on-site training to the staff of the local centers.

Local program directors or coordinators in all four states, regardless of the level of professionalism among their parent educators, report that the most important factor in hiring is choosing the right personality. Local directors in Minnesota and in Missouri have described the kind of person they look for to be a parent educator: a person who is caring, who has an understanding of child development but does not presume to be an expert, and who does not expect to be a therapist. In Maryland, it has been difficult finding people who understand the philosophy of family support and possess adequate formal training in infant development.

Recognizing the above factors, these states have tried to avoid very rigid standardization of staff requirements and standards that are counter-productive to the very factors that underlie the success of family support programs, i.e., an emphasis on treating the parents as partners rather than as students, a relationship with families that includes building peer support and networking, and approaches that avoid being excessively didactic.

17. In all four states, linkages with other agencies at the local level have been necessary and encouraged. The four state programs differ in terms of how much they work with other agencies and organizations at the local level, but all do so to some degree. There appears to be a continuum of three different types of linkages, starting with information exchange and referral, followed by coordination of services, and in some cases, collaboration in the planning and provision of services. Some programs encourage coordination with other programs by including information and referral services in the core set of services, while others are required to coordinate by legislation or because of the allocation of resources.

The local programs that are targeted exclusively at high-risk families rarely can provide, by themselves, sufficiently comprehensive and intensive services to meet the needs of these families. At a minimum there appears to be a need for coordination at the local level, and the benefits of going beyond coordination to collaborative programming are suggested by the experiences several of the states have encountered in their efforts to serve high-risk families.

The staff of the Minnesota and Missouri programs indicate that they are often the first to identify high-risk families. Interviews with the directors and school personnel associated with these programs indicate that they can function as a screening mechanism. Few other agencies have regular contact with children and families in the pre-school years. Some programs, like PAT in Missouri, include screening as a regular part of their services. However, on an informal basis, the other programs detect child and family problems that call for additional assistance beyond that provided by the program itself. One of the main ways in which these programs address this problem is through information and referral services.

Our research indicates that driven by participants' needs, many of the local programs make a considerable effort to create formal and informal linkages as well as to coordinate their services with that of other community organizations and agencies. Nevertheless, many program directors report that they still cannot meet the needs of all of the high-risk families that they identify.

The need to provide more comprehensive services to high-risk families is clear. This has led numerous local sites to enter into joint efforts with community organizations aimed at developing comprehensive, continuous and intensive services for at-risk families. The experience of the four state programs suggests that family support and education programs can make a unique contribution to inter-agency efforts because they are two-generational in scope, i.e., designed to facilitate both the parents' and the child's development.

Two examples of collaborative programming can be found in Minnesota. In St. Paul, the Amherst H. Wilder Foundation has promoted a three-way partnership among the local Early Childhood Family Education (ECFE) program and the city's departments of public health and social services. Public health nurses assess the needs of families with new babies and then provide an array of services in conjunction with the social service department and the ECFE program.

In Minneapolis, the ECFE program is one partner in a larger effort to promote the school readiness of the city's children. This effort, which is still in the planning stages, is entitled "Way to Grow," and is designed to coordinate the activities of a variety of community agencies that will provide a continuous, intensive array of services that meet the needs of at-risk children and families. The proposed partners in the plan include the ECFE program, public health nurses and local social services staff.

There appear to be a variety of ways in which the state can facilitate cooperation among programs that offer family support and education services. These include: (1) requiring a broad array of core services, thereby increasing the likelihood that several community agencies will have to collaborate to provide the full array of required services (e.g., Maryland); (2) specifying the need to avoid duplication of services and to work with other organizations and agencies at the community level (e.g., Minnesota and Missouri); (3) encouraging joint and coordinated programming efforts like the two Minnesota examples mentioned above; (4) encouraging the program implementors to contract with other agencies that have experience in providing relevant services (e.g., Maryland); and (5) encouraging collaboration by giving a particular kind of agency, for example a child-care center, resources to develop a family support and education component (e.g., Connecticut and Maryland). In sum, despite turf considerations, there appear to be many ways of promoting local cooperation and collaboration.

18. Recognizing from the start that systematic data about program implementation and evidence of program effectiveness would be helpful in developing the program, state program staff have grappled with complex measurement and methodological issues and mounted one or more evaluations despite the scarcity of funds and/or readily available evaluation expertise. The pressure to evaluate has not originated with the legislature in these four cases, but with the key players managing state implementation. They have had to struggle to find sufficient resources for outcome evaluation. Maryland and Missouri obtained foundation grants to supplement public funds.

Each state initiated some form of assessment within a year of beginning program operations (see Table in Appendix B). Each state has assessed parent satisfaction and some short-term effects of the program on the participating parents and/or children. Missouri is the only state that has employed an experimental or quasi-experimental research design and conducted a follow-up study to determine whether participants continue to compare favorably with comparison groups or standards.

Each program has pursued a different evaluation strategy. During the nine year pilot phase, Minnesota's ECFE program contracted for a series of studies of program implementation and for periodic quality reviews and then supported exploratory outcome studies at a few program sites. The evaluators developed and refined a quality assessment tool that is now used both by state and local staff. The studies provided feedback which has been used to strengthen the program and to maintain program quality as more and more sites were added around the state. As the table shows, the studies have never cost more than $10,000. The Minnesota legislature appropriated $25,000 for ECFE's evaluation in FY 1990.

The evaluation strategy for Missouri's New Parents As Teachers pilot projects involved an initial short-term outcome study. Positive results from it were helpful in convincing the legislature to move from pilot to statewide implementation and in attracting national attention to the program. In order to examine further the effectiveness of the expanded program, the state has received support from several foundations to conduct a study of short-term effects on participants from a cross-section of 137 school districts. The program is also conducting

a follow-up study of the pilot program participants and their comparison group to assess the longer term effects of the program when the children reach school. A study of the program's effect on urban families is also underway. As previously mentioned, Missouri is the only one of the four states to conduct short-term and follow-up studies employing a research design involving a comparison group.

In order to evaluate the Maryland Family Support Centers, Friends of the Family contracted for a program implementation study and has created a management information system designed to track changes in participant status over the course of their program involvement. This system, developed partly with foundation grants, provides information on behavioral indicators, including parents' educational and occupational status and rate of repeat pregnancy. The resulting data, especially about repeat pregnancy rates, compared to the state and national standards, has been helpful in obtaining legislative support for the program. The implementation study provided information about participant characteristics and program utilization that has been useful in program planning and outreach efforts. Friends of the Family is currently planning to conduct a study of program outcomes at selected sites.

Connecticut's Department of Children and Youth Services contracted with an outside evaluator to evaluate their Parent Education and Support Centers and to develop individual evaluation plans for each of the eleven local programs. The evaluators worked with local staff to identify specific and measurable indicators of program success; this strategy has helped to develop the evaluation skills of the local staff. They have also field-tested a statewide client enrollment form and an anonymous demographic survey to help the state develop a management information system.

The experiences of the four states with evaluation suggest both the utility and the difficulty of undertaking this type of activity. On the one hand, their different evaluation strategies have generated information that has been useful in program development and, in the case of Missouri, for documenting short-term effects on children and parents. On the other hand, each state has had to grapple with scarce financial and human resources, complex methodological and measurement questions, and with how to design evaluations that are both rigorous and responsive to the circumstances of multi-site, community-based programs. Like the local program staff, whose cooperation in evaluation efforts is essential, state staff find themselves hard pressed to balance the demands of program development with those of implementing credible and useful evaluations. Mindful of increased demands for accountability and of the likelihood of increasing competition over funds for human services and education, these four state programs have tried to develop evaluation strategies that will provide data useful in answering the inevitable question: are these programs a wise and effective public investment when compared with other programs for young children and families?

FUTURE RESEARCH

The research described in this report has focused primarily on the early development of state family support and education programs. Our present research is examining ongoing policy implementation. At this point, four variables appear to be particularly important in terms of their effect upon implementation: (a) the degree of commitment on the part of state-level staff and the local implementors; (b) the organizational capacity of the implementing agencies at the state and local levels; (c) the development of a local constituency that supports the implementation of the program; and (d) the availability of adequate resources and the strategic use of these resources.

In each of the four states our research indicates that state-level staff have been able to develop and maintain support for program goals at both the state and local levels among the implementing personnel. As the initiative has unfolded, they have also actively fostered the continued support of the political leadership in the state legislature.

Across the four cases the choice of pilot sites appears to have been particularly powerful in shaping state and local commitment to the goals of the initiative. State-level staff have been able to hand-pick the pilot sites. In Connecticut, Maryland, and Minnesota, it is clear that state-

level staff weighed the costs and benefits of each pilot site in terms of two criteria: merit, and potential for constituency-building. While state-level staff have striven to achieve geographic balance and diversity, a central concern has always been to develop a strong base of local support for the policy.

The organizational capacity of state-level units and local implementing agencies is clearly a critical factor affecting the implementation of family support and education policies. A key ingredient that enhances capacity, as noted earlier, is the assignment of the program to a state-level agency or organizational entity that is afforded some measure of organizational autonomy. A clear mandate of authority also appears critical for successful implementation. The experience gained from implementing innovations in organizations demonstrates that ambiguity in this regard can produce delays, conflicts, and fragmentation. The state-level units in the four states we have studied appear to have operated with sufficient authority and to have developed clear guidelines for local implementors. The ongoing interaction between state-level staff and local implementors, particularly in Minnesota and Maryland, has assumed that these guidelines are, indeed, adaptive to varying local environmental conditions. While guidelines may limit the scope of local programs, local implementors acknowledge that clear guidelines provide the necessary legitimacy for program objectives. This practice appears to be particularly suited to settings where consensus about the merits of the policy has not yet been reached.

It also seems clear that staff at the state and local levels must have the necessary knowledge and skills to do more than manage the implementation process. They need a firm background in child development and the concepts of family support as well as other related skills and knowledge. In this regard, it is important to note that state-level staff have used the pilot phase to establish a variety of mechanisms to develop the required knowledge and skills in local implementors, including: (a) state-mandated standards or guidelines regarding the training of staff; (b) pre-service and in-service training; (c) the dissemination of written manuals and bibliographies of curriculum materials; and (d) the sharing of 'best practices' among local providers through conferences, issue-specific task forces, and round-table meetings.

The development of a strong grass-roots base of support among parent participants, implementors, and other interest groups in the community is clearly another important factor in successful policy implementation. The staff who are charged with managing implementation have found that the absence of overt opposition does not necessarily mean that the road is clear for implementation and continued program expansion. The cultivation of a strong, vocal base of local support across the state appear appears to be an invaluable asset, for example, during key budget hearings in the state legislature.

In addition to the three aforementioned variables affecting the implementation of family support and education policies, there are many other important factors, that we are investigating in our ongoing round of case study research and analysis, like the nature of state-local relations and the degree of inter-agency cooperation. In the coming months, our research effort will focus on identifying and analyzing these important implementation variables and on conveying the results to the increasingly large and diverse audience interested in state family support and education initiatives. It is our intention that the Harvard Family Research Project's ongoing series of publications -- *Pioneering States: Emerging Family Support and Education Programs*, covering Connecticut, Kentucky, Maryland, Minnesota, and Missouri; *Innovative States: Emerging Family Support and Education Programs*, covering Arkansas, Iowa, Oregon, Vermont, and Washington, and this collection of more intensive case studies -- will benefit policy formulators and program implementors in other states who are concerned with the development of effective family support and education programs.

THE PROSPECTS FOR THE FUTURE

New state initiatives will face many of the same challenges faced by the four states in this report. They will also face new challenges, arising not only from differences of local conditions but also from the fact that the climate has changed

since the state initiatives in this report were undertaken. Family support and education now seems to be regarded by many policy-makers as a preferred response to a variety of social problems. This creates both opportunities and dangers.

There now is a danger of the rapid proliferation of poorly conceived programs that are oversold, under-funded, and ill-matched to the needs and particular characteristics of the diverse populations of the states that make up this nation. There is also danger of rigid bureaucratization and the loss of both community input and ownership, and thus the loss of local capacity to develop and implement creative techniques of family support.

Success and increasing visibility also present challenges. Most of the pioneering initiatives experienced relatively slow growth in the initial stages. This type of development has its benefits. However, in some states there is now pressure to expand the existing programs and/or establish new initiatives rather quickly. Pressures of this kind place state-level program officials in a difficult situation insofar as they would like to take advantage of the situation to obtain increased resources but at the same time they recognize that rapid expansion raises important questions about how to maintain quality, recruit and train staff, and build the necessary organizational infrastructure.

The pioneers we have studied have had to fan a spark just to light a small fire of interest in family support and education within a single state agency. The next generation of policy makers and implementors will probably have to manage a brush fire in which several state agencies attempt to mount similar programs, aimed at similar populations, thereby threatening to fragment an already uncoordinated and under-funded set of preventive services for families.

Some of the early initiatives, most notably Minnesota and Missouri, have experienced a "famine to feast to famine" cycle of development and have confronted the threat of program dilution. Both of these state initiatives began with a few pilot projects and then had to expand to statewide operation in a relatively short period of time. This was their "famine to feast" stage of development. The next stage in their development cycle appears to be "feast to famine," as funding fails to keep up with the additional responsibilities and increased participants they have acquired.

As new states consider developing family support and education programs, they would be well advised to consider the following questions: What is the appropriate level of services for the program to have a positive impact upon the community, and how can this level of services be maintained as the program expands? And what is the appropriate level of funding for different stages of the program's development? In addition, various long-term considerations need to be taken into account, such as: the need to train a cadre of service providers who are capable of serving the needs of children and parents in this relatively uncharted domain of service delivery; the need to offer competitive wages in order to attract and retain competent staff; and the need to determine what program resources are necessary to reach high-risk families and serve them effectively. These considerations have to be kept in mind as the program advocates educate state policy makers and inform them of the progress of the program.

At the state and local levels, it needs to be emphasized that these programs are not a substitute for other necessary family services -- like adequate health care, housing, child care and income support. In fact, the effectiveness of family support and education programs is conditioned, at least in part, by the extent to which the basic needs of the participating families are met through other services. This means that these programs must be viewed within a broader continuum of support services for children and families. Family support and education programs are now emerging as a distinct set of services that may be offered either as free-standing programs or as a new addition to a continuum of child- and family-oriented services. The policy entrepreneurs who are involved in forming the coalitions necessary to develop these programs face the difficult task of arguing for a share of their state's scarce resources for family support and education, while at the same time supporting the advocates of other human services and attempting to coordinate service delivery with them.

As new states consider developing family

support and education programs, they should not minimize either the challenge or the promise of extending family support efforts from the grass-roots to statewide operation. We deliberately do not specify a 'best-case' scenario here because that is a job best done by each state in response to its own unique set of needs, resources, values, and goals. The experiences of the four pioneering states we have investigated indicate that it is important to aim high, go slow, avoid overselling, and involve a broad range of expertise (from child development to how to change bureaucracies). It takes the commitment and political skills of a few policy entrepreneurs coupled with the knowledge of many people about many matters to develop an effective family support and education program that meets the needs of the appropriate population in each state.

MISSOURI

Despite its reputation as the "show-me state" -- that is, the last state to embark on ventures until they are well proven -- Missouri is in the vanguard with its policy initiative in family support and education. It is the only state in America that has mandated the provision of parent education and family support services in *every* school district. *Parents as Teachers* (PAT), a program designed to enhance child development and scholastic performance by reaching out to families with infants and pre-school children, was established as a pilot program in four school districts in 1981. It became mandatory for each of Missouri's 543 school districts under the Early Childhood Development Act, which passed through the Missouri General Assembly as SB 658 in 1984.

Context and History

Several features of Missouri politics have influenced the development of PAT. First, Missouri is a conservative state, both politically and fiscally. Phyllis Schlafly's *Eagle Forum*, for example, has exercised a powerful influence on Missouri politics, preventing passage of the ERA. Religion also plays a prominent role in Missouri. Both the Catholic League and fundamentalist Protestant groups are very vocal; their promotion of policies that would have directed public funds to religious schools motivated a political counter-movement that, in turn, has shaped a state constitution that is stricter than the U.S. Constitution on the separation of church and state. Over the years, church/state issues have intruded on federal/state relations and have had an impact on the management and distribution of federal funds. Sensitivity to these issues has also influenced educational policy-making; legislative proposals to regulate day care and pre-school fail annually because church lobbies oppose government scrutiny of services under their auspices. In 1984, the church-state issue nearly thwarted SB 658 because legislators were worried that state money for parent education services would benefit parochial schools.

A Frugal State

Missouri is not a big spender. It is one of the states with the lowest per capita expenditure level and is below national spending averages in every category: education; public welfare; health; police; fire; finance and administration. Only in spending for highways does it come close to the national average.[1] Before 1977, sentiment at the Missouri statehouse favored only limited spending, even for public education. By the mid-eighties, however, this attitude had shifted. Women had become more active politically, were being elected in greater numbers to the legislature, and were ascending to positions of leadership at the statehouse. By 1987, five legislative committees in the House were chaired by women: Mental Health Appropriations; Human Rights; Education; Ways and Means; and Health. Agency directors have been held more accountable than ever for decisions and allocations that have an impact on women and children.

A Bipartisan Initiative

Parents as Teachers is a product of Republican-Democratic cooperation. Most of Missouri's highest public officials are Republicans. Although Republicans historically have believed in limited government and the primacy of family, Missouri's political leadership, including Governor John Ashcroft and U.S. Senators John Danforth and Christopher "Kit" Bond, have supported early childhood education.

Democrats in the Missouri House have supported early childhood education since the first proposal was submitted in 1977. Kaye

Steinmetz, Chairman of the Committee on Children, Youth and Families, Annette Morgan, Chairman of the Elementary and Secondary Education Committee, as well as Representatives Sue Shear and Mary Kasten, are all Democrats and long-time supporters of the Parents as Teachers initiative. In the more conservative Senate, these proposals were rejected each year they were submitted, largely for fiscal reasons. However, when then Governor Bond personally solicited help from Democrat Harry Wiggins, Chairman of the Senate Ways and Means Committee, Parents as Teachers won bipartisan support in both houses.

Leaders Behind Early Childhood Reforms

The core community of public-spirited leaders and educators committed to early-childhood education in Missouri dates back to the 1950s. Community leaders from the St. Louis area and educators from the Department of Elementary and Secondary Education (DESE) attended the Eisenhower White House Conference on Education in 1956 to discuss reforms. Among the most influential among the Missouri early-childhood education leadership were four individuals: Janè Paine, Arthur Mallory, Mildred Winter, and Governor Kit Bond.

Jane Paine -- currently an educational consultant to Danforth Foundation and a central figure in PAT's formulation and implementation -- attended the White House Conference and returned to Missouri committed to the revitalization of public education. She helped establish and became the first executive director of the St. Louis County White House Conference on Education (later called the Committee on Education -- COE), the only state or local organization to emerge from the Eisenhower conference. It was comprised of a diverse group of lay people, grass-roots activists, and professional educators who sought to strengthen all areas of education, especially early childhood education.

Paine had been an active member of the St. Louis Junior League, which had established the first pre-school program (before Head Start) in a disadvantaged neighborhood. Although the Junior League played no formal role in the development of Parents as Teachers, it did have an important influence on the development of thinking among its membership about early childhood growth and development and was a source of networks for volunteers who later became the driving force for parent education in the state.

The COE eventually became a statewide network under its chairman, Zack Bettas, who worked with Paine and DESE officials to build a coalition of support for the reform of school finance, special education, and early childhood education. The COE and DESE jointly sponsored presentations by nationally known educators: David Weikart of High/Scope and Burton White of the Harvard Preschool Project. Operating through the COE and working collaboratively with DESE for over two decades, Paine and others cultivated the political connections that became the structure of a statewide network that culminated first in the New Parents as Teachers (NPAT) pilot, and then in the statewide Parents as Teachers (PAT) program.

Arthur Mallory -- Missouri's former Commissioner of Education -- made parent education during the pre-school years a top priority. The concept was not alien to Mallory, whose father was a visionary and long-time leader of public education in Missouri as well as the first superintendent to open a Head Start center. Once Paine convinced Mallory that the concept of early intervention with parents had merit, there was virtually no opposition within DESE.

Mallory firmly believed that all parents want to do a good job, but require help. Moreover, unlike other, more conservative figures in Missouri, he came to believe that the state could play an important role in helping parents develop the capacity to rear their children. He envisioned a state department of education that would lead local districts to expand the mission of public education downward -- that is, to work with parents during the pre-school years. He campaigned enthusiastically throughout the state to promote New Parents as Teachers, delivering nearly 200 speeches a year. Employing the

Biblical rhetoric of his upbringing, he persuaded rural Missourians of the importance of state-sponsored parent education.

Mildred Winter -- the current director of Parents as Teachers -- was hired by Mallory in 1972 to direct the Early Childhood Education Division at a time when most educators thought of early childhood education as low priority. Widely known as a "mover and a doer" for having initiated a parent-child early education program in the Ferguson-Florissant school district, Winter was Missouri's chief advocate for parent education.

It was not clear to Winter what form parent education programming might take in Missouri until she visited the Brookline Early Education Project (BEEP) in Massachusetts during the early 1970s and returned convinced that the BEEP model was appropriate for Missouri. She then began to speak to state legislators about the idea of replicating BEEP in Missouri. For several years, along with several legislative sponsors -- Mary Kasten; Sue Shear; Annette Morgan, chairman of the Elementary and Secondary Education Committee; and Kaye Steinmetz, chairman of the Committee on Children, Youth and Families -- Winter lobbied actively at the statehouse for a parent education measure. In 1981, when the pilot was launched, Winter assumed management. She became Director of the statewide program when PAT was begun in 1985; she now heads the National Training Center which provides training for Missouri PAT programs as well as for others interested in the PAT model.

Governor Bond -- now U.S. Senator -- was instrumental in bringing the parent-education measure to reality. As early as 1975, he endorsed the concept of parent education as an effective means of promoting child development. In 1980, Bond became a first-time father at 41, and the symbolic effect of his being a new father helped his efforts to promote state-sponsored parent education. It was ultimately Governor Bond's influence at the state capitol (and his veto power over legislative pay increases) that resulted in the passage of SB 658 and the launching of Parents As Teachers.

Investing in Human Capital

Until Bond was elected in 1972, early childhood education was low priority. At the statehouse, the prevalent attitude was that the education of young children was strictly the parents' responsibility, in spite of the growing belief among educators that schools should play a role with families before kindergarten or first grade.

Since Bond's first election as governor, however, Missouri's Republican officials have been in the forefront of pursuing an active state role on behalf of families. Concern has grown over the development of and investment in early intervention as a means of preventing more costly later remediation. This theme struck a responsive chord with legislators as well as with the commissioners of Public Health, Social Services, and Corrections. It was estimated that more than 25% of Missouri's children under the age of five would require remedial or special education during their school years, and that 20% of all Missouri's pre-school children had health and developmental problems that would affect their school performance. Worried by the financial implications of these and other demographic trends, as well as the costs of complying with federal laws to mainstream handicapped children, these agency heads were increasingly amenable to proposals that offered preventive solutions.

The Influence of Federally Sponsored Research

According to child-development researcher Burton White,

> *PAT is a clear direct descendant of the civil rights movement. Without civil rights money there would have been no Head Start; without Head Start there would have been no BEEP; without BEEP there would have been no New Parents as Teachers and without NPAT there would be no PAT.*

In response to demands for civil rights, the federal government in the sixties generated funds to support research on infant development and on programs to improve the development of disadvantaged pre-school children. In 1965, the Office of Education granted $300 million for research on early childhood education. Some of this went to the Harvard Graduate School of Education to investigate the impact of parent education programming on child development, including the BEEP project, directed by Burton White. When Winter sought empirical evidence to support her belief in the importance of the family in a child's early years, she learned of White's work and established a collaboration with him that culminated in the New Parents as Teachers pilot in four Missouri school districts. Later in the development of PAT, White's empirical research on the role of parents in child development played an important role.

Active Policy Development Begins

Two important advances toward policy development were made in the early seventies. First, the Missouri Board of Education adopted a position statement in 1972 that affirmed its mission to assist parents during the pre-school years. Second, at Paine's initiative, Winter and Mallory hosted a Conference for Decision Makers in 1975 to develop a plan to educate people in state government about the need for public school involvement with parents. The 1975 conference marked the beginning of a serious coalition-building strategy for the PAT initiative, based on the understanding that prevention would be the key element stressed. Says Paine, "We concluded at this conference that the only way into early education was through prevention."

In December of 1976, Governor Bond hosted another conference with the Committee on Education. Carolyn Losos, Co-Chair of the COE (now Chairman of the Committee on Parents as Teachers -- CPAT) and known to be a "dynamo," organized this conference to help the Governor outline the educational objectives for his term and to establish early childhood education as a priority for state funding.

During this period, Winter and other state policy planners actively considered alternative models of intervention with families and young children. Both White and David Weikart of High/Scope were brought to Missouri by Winter to present their models of early childhood education intervention. Although Winter appreciated the High/Scope model of for three- to five-year-olds, she was concerned that children in such programs would fail to benefit over the long term if they were returning daily to families without adequate support and parenting skills. By the conference's end, Winter was convinced that a prevention model focusing on parent education was superior to and, in the long run, more cost-effective than a model like High/Scope that directs services to pre-schoolers. Furthermore, she and Mallory became convinced that the White model, which emphasized the importance of parental roles and provided services to children in the home, was a more appropriate match for their state's political environment.

Another outcome of the Governor's Conference was the decision by two conference delegates, Representatives Mary Kasten and Sue Shear, to sponsor an early-childhood bill with a parent-education component in the next legislative session. Although this bill failed, both representatives "hung in there year after year," educating their colleagues at the statehouse on the merits of a prevention program. According to Mallory, the chief opposition came from groups who attacked the bill as a "Communistically inspired scheme."

When Governor Bond was defeated in 1976, activists on behalf of parent education went into hibernation. However, at every legislative session during the Teasdale administration (1976-1980), Rep. Shear introduced a bill that passed in the House but was defeated in the more conservative Senate, where the Schlafly forces were still vocal and effective. The turning point came in 1980 when Bond was re-elected. Immediately after Bond's inauguration in 1981, the parent-education forces regained momentum. Paine, Winter, Mallory and White held another Conference for Decision Makers where they laid the conceptual groundwork as well as a schedule

for beginning the NPAT pilot program for 300 first-time parents in four school districts.[2]

Implementation of the Pilot, NPAT

To implement the pilot, the DESE created a supervisory committee that included Commissioner Mallory, Assistant Commissioner Otis Baker, Dr. Donald Thurston, president of the Missouri Chapter of the American Academy of Pediatrics, Jane Paine of the Danforth Foundation, Deborah Murphy, director of Early Childhood Education in DESE, and superintendents and program supervisors of the four sites. At the same time, Paine, Mallory and Winter created The Committee on Parents and Teachers (CPAT), an advisory committee that included a broad cross-section of advocates from the legislature, the private sector and the Governor's office. CPAT was necessary both as a political vehicle to mobilize community support on behalf of NPAT, and to assist in fundraising.

Also represented on CPAT were several Missouri education associations, foundations and trusts such as the Danforth Foundation and the Greater Kansas City Community Foundation and Associated Trust, as well as several corporations, of which Maritz and Monsanto were the most active. Although CPAT met formally only two or three times each year, Winter and individual committee members worked informally between sessions.

Carolyn Losos, CPAT's Chairman, was Mildred Winter's "right arm." She mobilized influential people throughout the state, making CPAT a "neutral force" that was able to gain access to a variety of state resources. For example, when local pediatricians, worried that screenings done through the program would not be sufficiently professional, resisted efforts to recruit first-time parents through medical channels, Winter solicited the help of Dr. Thurston. As a member of PAT's advisory and supervisory committees, Thurston countered resistance in the medical community by making personal contacts with physicians and by writing supportive editorials in local newspapers.

The pilots were financed with a combination of federal and local dollars (80% and 20% respectively), in addition to Danforth support. Mallory committed $130,000 from Chapter II-ECIA funds, allocating $32,500 to each of the four sites for program development. (In succeeding years, $30,000 was allocated to each site). Each of the four local districts provided space as well as secretarial and custodial services. For the initial year, the Danforth Foundation provided an additional $40,000, and over the next three-and-a-half years, Danforth invested over $200,000. These grants supported Burton White's consultation, which involved training parent educators and designing an evaluation.

From the beginning, White was concerned that the pilot population be representative and that sites be selected on the basis of competitive proposals. The project was designed "very tightly," said Commissioner Mallory. The supervisory committee picked schools carefully:

> *. . . good old common schools where personnel would do exactly what they were told; this is VERY important! In order to do decent research, one needs control!*

Sites were selected according to the following criteria:

1. districts that represented a broad-spectrum of community characteristics including urban, suburban and rural communities; and

2. personnel that were willing to follow the curriculum religiously.

Once the four districts were selected in September, 1981, advisory boards that included health and social service professionals and representatives of religious and civic organizations were formed in each district to build a broad base of community awareness.[3] Then the supervisory committee hired staff: each program site, serving approximately 80 families, would have two full-

time personnel (one director/teacher and one teacher/home visitor) and a half-time secretary.

During the fall of 1981, White trained local college faculty to serve as training resources for parent educators. He also determined which services to offer: monthly home visits by a parent educator; group meetings; periodic screening for hearing, vision, language and social development; and parent resource centers.

The most difficult task of pilot implementation was recruiting and selecting the sample of 300 families. White wanted to limit the pilot sample to first-time parents for two reasons. First, he felt it to be cost-effective because parents would apply what they learned with their first child to subsequent children. Second, White believed that the impact of intervention would best be measured with first-time parents. White also wanted the sample to be balanced by race, ethnicity, income and educational status. Because White was concerned that children at high risk of physical or emotional abuse or severely handicapped children would need a more intensive level of intervention to show positive effects, they were eliminated from the sample, although they would receive services. In the end, the pilot sample constituted a diverse group: unmarried teens, single and divorced parents, and new parents over age 40, as well as 'average' families.

Since the pilot's purpose was to test the impact of 'beginning at the beginning,' it was important to recruit parents prior to the birth of the first child. However, it was difficult to generate interest among first-time parents who were primarily preoccupied with the impending birth. In addition, the population of eligible parents was severely limited by White's requirement that only those first-time parents of babies born between December 1981 and October 1982 were eligible to participate.

NPAT administrators found that they were able to compensate by approaching expectant parents with the message that their children would be screened for disabilities, and that, as Mallory put it, "We could guarantee that at age three their children would be looking like great kids." In addition, the commissioner found that it was essential to tell families, "We don't want to take your child and control him/her; we want to help you prepare your youngster for academic life."

Recruitment took the form of brochures and posters placed in obstetricians' and pediatricians' offices, health and pre-natal clinics, family services agencies, shopping centers, banks, and laundromats. The program staff also used the media: radio, television, and newspapers. They visited civic and church organizations to speak about the program. Although pilot staff attempted to visit pre-natal classes in hospitals to promote the project, the hospitals were unresponsive, especially about helping pilot administrators identify mothers in the third trimester of pregnancy. The difficulty of locating these women, and the lack of assistance from hospitals, slowed recruitment.

Although recruiting families was the most difficult problem that arose during the implementation phase, program staff also expressed dissatisfaction with low salaries. At the same time, the official New Parents as Teachers curriculum was still in skeletal form, and site directors needed time to generate supplemental lesson plans that, in turn, required approval and possible revision by the DESE. These clearances were time-consuming for the administrators and parent educators involved.

The Pilot Evaluation

Evaluation was a central part of the pilot design. A first attempt at evaluating NPAT by a local research organization did not yield clear results. A second firm, Research and Training Associates, was contracted in 1984 by DESE to conduct a summative evaluation. Seventy-five participating families were matched with seventy-five comparable non-participating families. Project effectiveness was assessed with a treatment/comparison-group design, utilizing post-tests of the child's ability. Research and Training Associates, in collaboration with the supervisory committee, hypothesized that participation in the NPAT program would result in six positive

outcomes.[4] Effectiveness was to be measured on the basis of the following three child outcomes:

1. better intellectual and language development;
2. positive social development; and
3. fewer undetected incidences of handicapping conditions.

The following three parent outcomes were also measured:

1. increased knowledge of child development;
2. positive feelings about NPAT; and
3. positive feelings about the school district.

Children of parents participating in the NPAT consistently scored significantly higher (at .001 levels) on all measures of intelligence, achievement, auditory comprehension, verbal ability, and language ability, than did comparison children. They also demonstrated significantly more aspects of positive social development than did comparison children. There was no significant difference between comparison and NPAT children in terms of undetected handicaps, although NPAT parents were more likely to report having had their child's hearing professionally tested. NPAT parents were significantly more knowledgeable than comparison group parents on a number of dimensions. Ninety-nine percent of NPAT parents reported that the project's information and services were accurate and informative; 97% felt that the home visits made a difference in their parenting role. Finally, participating NPAT parents were more likely to regard their school district as responsive to their child's needs than were parents of comparison-group children.

The Transition Years

Between 1981, when the pilot began, and 1984, a decisive shift took place in the political and fiscal environments. According to Commissioner Mallory, the "handful of very vocal people who claimed that any government program for children was anti-family disappeared by 1984." In addition, according to the Commissioner, "Between 1980 and 1984, superintendents came to recognize that public education has a responsibility for the preparation of pre-school children."

One factor in this shift of opinion was a change in the state's fiscal situation. Each year that an early-childhood bill was introduced, it was struck down by a fiscally conservative Senate Budget Committee. But as the state's budgetary situation improved, fiscal concerns became less of an obstacle. At the same time, once school administrators understood that the state would reimburse this parent-education initiative (unlike previous initiatives with unfunded mandates), they were less concerned about the budgetary impact of a parent-education bill and opposition dissolved.

While the fiscal and political context was changing, a clear idea of the model for PAT emerged. DESE administrators learned from the pilot experience which elements of the BEEP model were unworkable and which were necessary. Furthermore, it became clear to the supervisory committee that, for political reasons, Parents as Teachers must be ***universal, non-targeted,*** and ***voluntary.*** Paine, Winter, and Mallory favored a universal program that would serve all parents, maintaining that targeted programs create a stigma and depress participation rates. Winter said,

> *We can't say that only the poor need it; parents with two PhDs can be basket cases when it comes to parenting. And, when middle class families participate, it attracts the at-risk families because it is not seen as a program for 'losers'.*

According to Duncan Kincheloe, former assistant to Governor Ashcroft, services had to be offered to everyone because:

> *To be politically acceptable in this state, the program needs to be a universal one so that all families benefit; once a decision is made in*

Missouri that services are important, you can't tell a substantial sector that these services will be unavailable to them.

Other informants speculated that because Missouri has long been characterized by urban-rural conflicts and because there are strong regional allegiances among rural legislators, universal availability was critical.

Also, the program had to be voluntary. Commissioner Mallory did not want the perception to develop that the Missouri program required 'at-risk' families to participate: "It would be bad for welfare departments or courts to sentence people to PAT." Kincheloe agreed:

We felt that we had to keep explaining to groups in the legislature that this bill did not force parents to participate, that parents would participate only on a voluntary basis.

The idea that Parents As Teachers must not be compulsory became even more apparent after PAT had been operating for two years. When Rep. Kasten submitted a House bill to require the participation of AFDC recipients, she received a phone call from Otis Baker, acting deputy director of DESE, requesting that she withdraw her bill. He convinced her that any mandatory participation would undermine PAT's success. "By forcing participation, you create negative attitudes that are not conducive to good outcomes."

The political context during this period clarified the focus on parents. Although Winter and others had rejected the child-focused models on substantive grounds, it was ultimately on political grounds that the child-focused models were unacceptable. It had become clear that the Missouri legislature would not accept a program that provided services to children by taking them away from their homes at a very young age. In short, to be acceptable in Missouri, the program had to be provided to families--universal and voluntary. Rep. Mary Kasten perhaps described it best when she said, "This program embodies everything essential for political appeal in Missouri."

The Legislative History of PAT

As these themes were clarified, the concept of expanding Parents as Teachers gained momentum and a sense of urgency. Although there was no crisis in Missouri to activate people on behalf of New Parents as Teachers, Governor Bond wanted to leave office at the end of his second term with a coherent family program in place. Bond believed that PAT had failed in all previous legislative attempts because it had been seen primarily as an education bill. He adopted a new marketing strategy: promoting PAT as a prevention bill. He persuaded officials from the Departments of Mental Health, Social Services and Corrections that the measure's emphasis on prevention was a feature of great relevance to them, and then recruited them to testify at the hearings on SB 658. For example, at the legislative hearings, the director of the Department of Corrections cited the high correlation between school difficulties and crime. Bond also testified himself, something he did only twice during his entire term in office.

In addition to mobilizing his agency directors, Bond found ways to generate bipartisan legislative support. He traveled throughout Missouri with Burton White to mobilize grass-roots support for the program and to influence legislators. On these occasions, Bond spoke to groups in personal terms about his experiences as a new parent.

With his assistant, Jane Nelson, Bond also developed a new legislative strategy. Rather than introducing the bill first in the House and then in the Senate, where PAT had failed so many times, they decided to bring it first to the Senate. Bond approached Senator Harry Wiggins (D), chairman of the Senate Ways and Means Committee, who had an excellent track record on sponsorship of legislation. When it was clear to Wiggins that a parent-education initiative was Bond's highest priority, Wiggins "volunteered to sponsor PAT because I believed in it, and am genuinely committed to children and education."

Having assumed responsibility for SB 658, Wiggins arranged its assignment to a "friendly" committee: public health rather than education. Before filing the bill, he successfully solicited a majority of the Senate as co-sponsors.

Classic legislative bargaining also generated votes for PAT. The Governor "laid it on the line" to legislators that their pay increases would be held up until SB 658 was passed. The fact that Bond made PAT his highest priority and was willing to use his growing political clout for this objective is especially noteworthy. His willingness to veto any pay increases to legislators unless ECDA passed through the Senate underscored his commitment.

When the bill had passed the Senate, it went to two committees in the House. There, Wayne Goode, chairman of the Education Committee, appointed Annette Morgan to chair the subcommittee "to act as a facilitator and to straighten out the vital flaws that might prevent its passage." The only opposition, or "vital flaw," was founded on a misconception about whether SB 658 required public support of programs in parochial schools. Once legislators were satisfied that SB 658 would not give aid to private schools, the opposition withered.

Although parent education bills had been killed once in 1982 and twice in 1983 in the Senate Budget Committee, SB 658 passed easily in 1984 with a budget of $2.7 million. The only surprise came when a member of the House Education Committee "at the last minute" said that everyone ought to have these services. Thus, instead of being a voluntary program which school districts could choose to introduce or not, the bill was amended to make it mandatory and universal for all school districts. The eleventh-hour amendment was a surprise development that changed the fundamental character of the proposal and created an enormous challenge for state education administrators.

The Scope and Operation of PAT

The philosophy underlying PAT is that parents are a child's first and most influential teachers. The role of public education is to "assist the family in giving the child a solid educational foundation." The purpose of the program is to:

1. provide practical information to parents about patterns of childhood development;
2. identify conditions that might interfere with normal development so that no child reaches the age of three with an undetected handicap;
3. help parents provide a home environment conducive to aiding the child's physical, intellectual and social development; and
4. demonstrate the feasibility of a parent/school partnership.

The ultimate long-range objective is to reduce the need for expensive remediation and special education services.

Auspices

To further these goals, administrative responsibility for PAT was assigned to the Missouri Department of Elementary and Secondary Education (DESE). Mildred Winter left the DESE to assume major responsibility for training parent educators on a contract basis. Responsibility for state administration and oversight remained at the DESE under the direction of Deborah Murphy. All 543 school districts were mandated to provide services. If a district is unable to offer an approved program, it is required to enter into a contractual agreement with another district, public agency, or not-for-profit agency that can offer state-approved services.

Services

School districts were mandated to provide three types of services free to parents on a voluntary basis: parent education; periodic developmental screenings to detect handicapping conditions (through age four); and programs for

developmentally delayed three- and four-year-old children. The state requirements in these areas are summarized here:

1. **Parent Education.** Parent education services must be offered by the district for a minimum of an eight-month period and must include four personal (home) visits and at least one educational group session. School districts are not required but "strongly encouraged" to implement the Parents as Teachers curriculum, based on Burton White's research on early childhood development, although alternative curricula may be approved by DESE. Parent educators are expected and encouraged to supplement and modify the PAT curriculum so that it is appropriate to local needs. However, parent educators are warned not to dilute their effectiveness by providing social services, but to make referrals to the proper agencies. Extra efforts should be expended to serve "hard-to-reach" families.

2. **Screening.** The purpose of screening is to detect developmental delay or advanced ability as early as possible so that each child can be provided appropriate services to foster development. Children are screened for expressive and receptive language development, motor development, hearing, sight, health and physical development. Test instruments must be standardized for appropriate age levels, individually administered, and approved by DESE.

3. **Parent education programs for parents of developmentally delayed 3- and 4-year-olds.** The district must offer a minimum of two personal contacts (home visits or group sessions). Services must supplement, not supplant, the federally sponsored Chapter I programs for at-risk families. It should be noted that as of early 1989, the state has not implemented this third type of service provided for in the PAT legislation.

Funding

Districts are reimbursed for services according to a calculation based on actual participation.[5] Differentials between allocations and actual reimbursements are reconciled at the end of each fiscal year. For example, in the first year (FY 1986), reimbursement was authorized to cover 10% of eligible families in each district; in the second year (FY 1987), 20%; and in the third year (FY 1988), 30%. In addition, by FY 1988, allocations were increased so that services could be extended to all parents with children through age four as originally outlined in the legislation. Annual developmental screenings for one- and two-year-olds would be conducted to detect handicaps. By FY 1988, allocations for screenings increased so that this service, too, could be extended through age four. Although the initial appropriation was $2.7 million, it was expanded to over $11 million by FY 1988.

Personnel

Screening examiners may be certified professionals or nonprofessionals who have been given training in the specific procedure or test. However, according to the guidelines, "results must be interpreted to parents by professionals who are knowledgeable in child development and developmental programs, skilled in interpreting screening results, and able to communicate results effectively to parents." Parent educators need not be certified educators if they have acquired five years of successful experience in working with young children and parents. However, all parent educators must complete the PAT training program, which requires:

1. 30 hours of pre-service training;
2. 20 hours of first-year in-service training;
3. 15 hours of second-year in-service training;
4. 10 hours of third- and fourth-year in-service training.

Responsibility for the selection of personnel rests with the local school district. The supervisory committee believed that quality control was best left to local discretion.

Participants

All parents with children from birth to age three are eligible to participate. However, since the district is not obligated to provide services beyond the level of state reimbursement,

only 35% of the district's eligible parents will receive services. Parents may participate in community advisory councils that, according to DESE implementation guidelines, local districts are encouraged (but not required) to create during the third phase of implementation.

Training the Parent Educators

Although administrators at DESE had preferred a gradual expansion, the surprise legislative amendment making the program mandatory left them no choice but to implement PAT in all 543 school districts within one year. Mildred Winter said, "This was horrendous; we would rather have expanded slowly, but the law stipulated that it was mandatory in every school district." By the time funds were appropriated for PAT in May, 1985, administrators had only a few months to write administrative guidelines and to hire and train personnel.

PAT administrators quickly discovered that additional funds were necessary to begin the training of more than 500 parent educators. Since state money would not be available until mid-1985, only a short time before the districts were expected to begin delivering services, districts had to search for new sources of foundation support. Danforth and other foundations represented on the CPAT provided training money immediately. Over a period of three years, Danforth committed close to $200,000 to the program, and, with CPAT, offered brokering resources that yielded additional funding. Danforth's contribution cannot be measured in monetary terms alone. As Paine put it, they played a pivotal role in "leveraging the project along."

During the first two years of implementation, the highest priority of state administrators was training parent educators. Between November, 1985, and January, 1986, Winter set up eight regional one-day training conferences, four regional two-day conferences, and one statewide two-day course. The curriculum focused on the processes of program implementation: recruiting families; establishing community advisory committees; delivering services, such as home visits and group meetings; and finally, administering standardized screening tests.

To make the training process more efficient, Winter created a Trainers Program, a network of 33 assistant trainers who provided on-site and regional consultation. By 1987, 404 new parent educators received credentials, and a total of 1,400 parent educators had been trained. The bi-monthly regional institutes provided in-service training for all 1,190 parent educators in the field.

Recruiting Personnel

Local program directors had little difficulty finding qualified women to train as parent educators. They sought individuals with family experience and special personality characteristics. Winter asked school districts to look for "people skills," the ability to keep confidences, and a demonstrated understanding of basic child-development literature. She believes that formal professional training is less important than experience and personality. Parent educators are better, says Winter, if they are not experts but are knowledgeable in child development and able to relate well to parents and communicate ideas in a straightforward manner. A parent educator who feels she knows the 'right' way to raise children, or is in need of maintaining ongoing relationships with families, is inappropriate.

Although recruiting talented personnel was not difficult, controversy developed among PAT's managers regarding the quality of personnel training. Burton White was concerned that parent educators could not be trained adequately in one-week sessions. He argued that a budget of $2 million was inadequate to support a quality parent-education program or to retain qualified professionals. Although it has been reported that turnover among parent educators is significant because of low pay, or unpopular pay differentials, that was not a problem reported by the district personnel interviewed in this study. According to these reports, staff has been stable, committed, and enthusiastic. Nevertheless, White's concern about the level of funding for a statewide program and the low salaries led him to sever his

professional connection with the Missouri program.

Recruiting Families

Danforth and other CPAT members had helped to solve the first implementation problem by financing the training of parent educators. The Maritz Corporation, a major public relations firm, helped attack the next major problem: recruiting families. School districts were not accustomed to 'marketing a product'; they were used to having a captive audience. In the cities, where newspapers no longer printed birth notices, recruiting was difficult and required extensive outreach. In 1985, Maritz prepared a slide/tape presentation for the local school boards to aid recruitment. Since the second year of operation, Maritz has been less involved in the recruitment effort, and the school boards have shifted more responsibility to the parent educators.

Teen mothers are some of the most difficult to recruit. Parent educators find that offering transportation services helps, but once this 'hard-to-reach' population is involved a new problem arises in finding resources to meet their special needs.

A Broader Mandate

Having established a regional and state-wide system to train parent educators, the DESE began to receive an increasing number of requests from out-of-state school districts to train their personnel. In addition, PAT officials were besieged with requests from policy planners in state governments throughout the country. Impressed by Missouri's innovation, these planners were approaching PAT administrators for detailed information about the model, the secrets of their legislative success, recommendations for management and implementation, as well as for help in training their own parent educators.

Although this interest in PAT created more clout with the legislature, it also exposed state officials to criticism that they were not giving sufficient attention to their own tax-paying constituents. DESE needed a way to respond effectively as a leader among states without interfering with the internal management of the program. With the limited managerial and fiscal resources available it became increasingly difficult to respond to the growing number of out-of-state requests and meet the demands of internal program development. In an effort to combine these two objectives, the supervisory committee created the Parents As Teachers National Center to train parent educators and disseminate the model nationally.

The PAT National Center

Several conditions in 1987 made the establishment of a national center seem like the appropriate next step. Governor Bond had become a U.S. Senator and his successor Governor John Ashcroft, also a strong supporter of PAT, had become chairman of the Education Commission of the States, giving Parents as Teachers greater national visibility. At the same time, Commissioner Mallory was trying to retain the services of Dr. Burton White, and thought that the National Center concept might entice him to continue his involvement with PAT.

Dr. Winter, Commissioner Mallory, and Assistant Commissioner Otis Baker invited a group of respected and influential child-development experts to plan the Center and to form a National Advisory Board.[6] CPAT appealed to its supporting foundations to finance the planning of the center. The Greene Foundation awarded a grant of $15,000, while the Danforth Foundation awarded an interim grant of $40,000 to assist in the preparation of a major appeal to the Ford Foundation. Ford saw the potential of PAT for low-income children and immediately invested $50,000 to plan and develop the National Center and to expand the evaluation. Then, in June, 1987, the Innovation in State and Local Government Program at Harvard's Kennedy School of Government (also funded by the Ford Foundation) selected PAT as one of ten outstanding innovations in government. This award provided PAT with $100,000, which also has been used to launch the National Center.

Members of the newly created National Center Advisory Board have usefully sounded some of the tensions inherent in efforts to disseminate the model more broadly while continuing to develop it in Missouri. One member of the Board argued that: "It is presumptuous of Missouri to export a model that needs more expertise, more experience, more evaluation." Another member countered: "Ten years ago, there were only 50 experts on infant development, but the body of knowledge has expanded and Missouri should be exploiting these resources."

The expansion of knowledge and proliferation of expertise about early development has created an opportunity for higher quality service delivery. But it has also generated national constituencies to which PAT administrators must respond. As Missouri escalates its objectives from a statewide service delivery program to a nationwide center for model dissemination in response to increasing demand for information about the model, pressure is increasing for more empirical evaluation from researchers and policymakers.

Evaluating PAT

Although the legislation did not mandate it, continuing evaluation has always been a central objective. With the pilot evaluation complete, PAT administrators are anticipating the 'second wave' evaluation and are currently working with Research and Training Associates to develop appropriate measures. In this second evaluation phase, a total sample of 2,500 families in thirty-two districts, including St. Louis, Kansas City, and rural communities, will be followed through the participating child's third birthday. The research design requires a control, or matched comparison-group -- a problematic requirement since PAT is offered throughout the state. Research consultants are considering the possibility of recruiting a comparable population group outside Missouri.

According to Kincheloe, pressure for an empirical evaluation does not originate from the state legislature. He says, "It will be enough that constituents are happy and demand continued services through PAT." The major impetus behind evaluation is from academic experts, early-childhood professionals, and foundation sponsors, who are eager to know whether the Missouri model is effective.

Lessons From This Case

PAT has been praised by child-development experts, and the model has been incorporated into various proposals for federal child-care legislation. Articles have appeared in several newspapers, popular magazines, and academic journals praising the initiative. The award from Harvard University's Kennedy School of Government has brought national attention to Missouri, but it has also created obligations to a larger community of public-policy planners.

These obligations require not only thoughtful responses, but a systematic way to communicate them. Policy planners in the states, as well as those at the federal level, are eager to learn, from a competent, professional evaluation, what the impact of Parents as Teachers has been. Likewise, they are eager to know how PAT emerged in the political process and how it has been implemented. The lessons learned from this case study of PAT can be broadly divided into two categories: policy development and policy implementation.

Policy Development

PAT evolved from the efforts of a coherent and active leadership on behalf of early-childhood reform, from increasing belief in the importance of the family environment in a child's development, and from a growing body of scholarly research and empirical evidence documenting the developmental importance of the first three years of life. Moreover, in a span of ten years from the mid-seventies to the mid-eighties, Missourians became more accepting of the idea of a government presence in family affairs. Accompanying this growing tolerance was a concern, felt by many state administrators of special education, social welfare, rehabilitation

and corrections, that the high costs of future remediation justify an innovative, preventive approach to families. The interest among state policy-makers in focusing on prevention rather than remediation dovetailed with a growing national movement to promote economic development by investing in education.

In addition, PAT was propelled and shaped by two twists of fate. The first was that the governor, the most outspoken public sponsor of PAT, became a first-time father while an incumbent, which intensified his commitment to assisting parents in their roles as a child's first teachers. His support gave the issue prominence and symbolic significance. The second was the serendipitous introduction of an amendment to SB 658, during the closing hours of debate in 1984, to make it mandatory for all school districts. The amended bill passed through both houses, thus radically transforming PAT from a voluntary to a mandatory (for school districts) parent-education program. The factors that emerged as most significant in the formulation phase are the following:

Federal antecedents. Although this report focuses primarily on the initiative of state-level officials, it must not be forgotten that the federal government played a part in PAT's history. First, it was the 1950 White House Conference that first brought Missouri's reform-minded educators together to brainstorm about alternative early-education measures. And the federal government sponsored research on the role of the family in early childhood development, which provided the information base for PAT. Finally, federal dollars under ECIA, Chapter II funded the four pilot sites.

Leadership adept at coalition building. A solid core of policy entrepreneurs clearly understood the reform objectives and knew how to transform a loose network of interested individuals throughout the state into an effective coalition. These leaders followed the classic model of coalition-building by showing potential supporters why it was in their interest to align themselves with the PAT initiative. Paine, Mallory, and White created the small, functional executive committee, a supervisory committee, and a larger advisory committee with influential people from all over the state.

Governor Bond's symbolic and concrete appeals. As mentioned above, Bond's role as a first-time father made him a most effective salesman for SB 658. Also, Bond wanted PAT to serve as his legacy to Missouri, and he had acquired sufficient political resources at the statehouse to exercise his will. He enlisted the active support of the Democratic chairman of the Senate Ways and Means Committee, Harry Wiggins, who obtained broad bipartisan support in the Senate. As one participant put it, "By 1984 it was unwise to be a legislator and not support this program."

A more creative legislative strategy. Every year since 1977, a Parents as Teachers proposal had been submitted first in the House and then in the Senate, where it ultimately failed. The Governor's assistant, Jane Nelson, successfully crafted a new strategy: to introduce it first in the Senate, thereby giving the Senate a sense of ownership.

Empirical evidence and its marketing. White was a good salesman and spokesman for PAT; his effective salesmanship was as important an ingredient of successful policy formulation as his research on the importance of the family environment in child development.

A proper ideological 'fit.' A prevailing belief that Missourians do not want government programs that separate children from their parents and their children demanded a model of intervention that directed services to families. So Missouri's education reformers found a model, grounded in empirical data, that elevated the role of the parent, and allayed the fears of the most vocal opponents, thereby neutralizing them. Advocates for PAT successfully wove belief and science into a policy fabric that, in Commissioner Mallory's words, provided "just the right fit for our state."

An improved fiscal situation. During the mid-eighties, the state budgetary situation

improved; the Senate leadership, for the first time, was willing to consider educational innovation.

Policy Implementation: The Complexity of Managing Innovation

Much has been learned about the issues that can arise during the pilot phase and the first years of program implementation. While recruiting personnel was easier than expected, training them proved more difficult; the primary focus of administration at the state level had to be placed on developing a system to train parent educators. Also, recruiting families proved more difficult than anticipated, and program implementation at the local sites has required a major emphasis on recruitment.

Increasingly, evidence of success will depend on serving 'hard-to-reach' families, especially teen parents. Adaptations of the curriculum have been necessary to make PAT appropriate to these special groups, and Winter anticipates additional adaptations in the future. One center in southern Missouri, for example, is now adding an adult basic education program to its curriculum.

During 1988, the top priority has been to increase participation rates in poor and minority neighborhoods. In these neighborhoods recruiting is slow, and although parent educators report that filling district quotas is easier every year, they continue to feel pressure. In many communities the program suffers from a low level of awareness; because PAT was originally sold as a screening program for pre-schoolers, it is sometimes known less for parent education than for screening.

One superintendent believes that relations between PAT administrators at the DESE and local districts are excellent, and that relations between parents and schools are better than ever. Another superintendent says he would rather give up his twelfth grade than surrender PAT. The program in his district is very popular and is always subscribed above the quota (35% of eligible families in FY 1988). He has asked his school board to subsidize the costs of serving families beyond the annual quotas. He says he worries about PAT's future; however, he feels that the state should be providing funding sufficient for all those families who want to participate. As an example, the actual costs per child for screening in one district are not covered by the state reimbursement. According to Winter, the differential can be explained by the higher teachers' salaries in that district, but this explanation does not solve the dilemma for district officials, struggling to provide mandated services that are increasingly popular, with limited resources.

Although the law clearly absolves districts of any responsibility for providing services beyond the level reimbursed by the state, school administrators and other critics continue to express concern that the level of state funding is too low. This concern has not stilled PAT's momentum, however. After three years, one of PAT's founders said proudly, "We have done it, and we have done it extremely well."

The following are a few of the more significant factors that positively influenced implementation:

Private sector involvement. Private sector support, primarily from the Danforth and Ford Foundations, was pivotal in funding the first four pilot sites, providing the training of parent educators, developing public relations capability, and disseminating the model nationally.

Tight managerial control of pilot sites. In order to conduct an experiment aligned with a formal evaluation process, it was essential to have firm control over the intervention. In Mallory's words, sites had to be selected where personnel would "do as they were told."

Effective leadership. PAT administrators were skilled resource developers, creating CPAT and tapping into sources of private, political and financial influence. They were entrepreneurial in their promotion of the model, stimulating national interest for their innovation as a means of leveraging additional public and private support from within Missouri. They also knew how to recruit an impressive array of experts for the

Center's National Advisory Board. In the commissioner's words, "The success of PAT is largely attributable to getting top people; I am not afraid to choose people much smarter than myself."

A national board of experts. Involving expertise, as PAT officials did when building the National Advisory Board, involves trade-offs. On the one hand, experts contribute to the quality of the program by sharing their knowledge. On the other hand, they may criticize the program for being insufficiently infused with state-of-the-art professional practices. PAT administrators must balance the advice of experts, who advocate raising quality by incorporating the highest known level of professional practice, against the political and fiscal realities in Missouri. They have tried to achieve this balance by involving a panel of early-childhood experts in decision making, which has helped to foster a spirit of continuing innovation and to soften criticism.

Managerial and manpower capacity. PAT capitalized on a ready labor pool. Local programs relied on a reservoir of individuals with family experience who were dedicated, personable, energetic and capable. These individuals knew how to develop new funding resources for their own programs, find additional physical space, and generate awareness of and interest in PAT in their communities. Said one local program director: "I have had to fight to get time on the agenda of principals' meetings, counselors' meetings, and the Superintendent's Cabinet."

Local accountability. The arrangement whereby local districts select and monitor parent educators has been effective in minimizing controversy and building in responsiveness to local interests and styles.

Conclusions

The Limits of Rational Policy Analysis

Although Missouri policy planners consciously considered alternatives to the PAT model, it was clear that state politics substantially influenced the policy outcome, making its way directly and specifically into the legislation and into the implementation as well. The decisions to orient services to families rather than to children, make the program universal rather than targeted, make it mandatory for school districts statewide rather than voluntary, and limit its scope (no district obligation beyond the level of state reimbursement) were all justified on rational grounds but seemed imperative on political grounds. Even the system of reimbursement to districts -- based on participation rather than eligibility -- was a decision to mold and adapt PAT to local political concerns.

The Limits of Replication

Given the radically different political, social, and economic environments in the states, it is unlikely that one model of services will ever be adopted nationally. PAT is uniquely Missouri. SB 658 was shaped by the local political and social context, creating "just the right fit." For this reason, policy planners must think carefully about 'franchising' the program on a national level. It may seem ironic to some that a state that crafted its innovation so carefully to fit its particular brand of politics finds itself in a position today of disseminating its model nationwide. Winter acknowledges the seeming contradiction in a concrete way: she provides technical assistance and political consultation to those seeking to bring PAT to their districts. She would be the first to say that adaptation is preferable to replication.

The Challenge of Managing Innovation

As the program has matured and as the immediate task of bringing services into 543 districts has been completed, new, more subtle issues have emerged: how to adapt the curriculum to fit special populations; how to provide quality services within budgetary restrictions; and, finally, how to sustain a high level of quality services while simultaneously responding to out-of-state requests for technical assistance. In short, the task ahead is to find creative ways to innovate and disseminate simultaneously.

Missouri has begun to respond to that challenge by creating the National Center to respond to the 'external' demands. Separating the internal functions and the external functions is not so simple, however.

Missouri is not alone with this challenge. During the 'new federalist' eighties, the states have been the leaders in policy initiation. This has meant that state administrators are performing functions different from those of their counterparts in prior decades when the primary task was to implement federally inspired and designed programs. With the locus of policy innovation shifted to the states, and the will to innovate there as well, state officials now look to each other for instruction on successful innovation management. For this reason, policy leaders in the states, as well as analysts and researchers, have been watching Missouri closely to understand what it takes to bring a new initiative to the point that it becomes embedded in routine, as it has in 543 Missouri school districts. How Missouri fares in the next few years in both strengthening PAT internally and disseminating it externally will contribute to our understanding of how to sustain public policy innovation and manage the growth of a promising program for young children and families.

MINNESOTA

Minnesota is an early pioneer in the development and implementation of family support and education programs. In 1974, state legislation authorized the funding for six grant-funded pilot projects in local school districts. In 1984, further legislation established a stable funding mechanism that allowed the initiative to expand rapidly from 34 pilot projects in 29 school districts to implementation almost statewide by 1988. (An estimated 330 of 435 school districts are expected to offer Early Childhood Family Education services and activities in FY 1989.)

The Minnesota Context

The ECFE initiative is fueled by a mixture of progressiveness and practicality, both of which are widely held values of Minnesota's relatively well off, homogeneous population.[1] From the latter part of the 19th century to the present, Minnesota has had a powerful tradition of progressivism, a movement whose goal has been to use government programs to ease the burden on the disadvantaged and counterbalance the inequities of capitalism. Although reliance on government to effect social justice has been a national phenomenon since the New Deal, the Minnesota case presents two special and related features. First, Minnesotans are remarkably happy with the role their government plays in improving the quality of life for all and are, relatively speaking, quite willing to pay high taxes to sustain government.[2] Second, Minnesotans combine progressive social stances with an insistence that government use resources efficiently.

In the political process, Minnesota uses ***grass-roots involvement*** by citizens both to set the political agenda and to design and implement policies locally.[3] Such involvement has been evident throughout the process of development and implementation of ECFE. Also, Minnesota favors ***primary and secondary prevention programs***. They are willing to spend some money now if they believe it will reduce the amount of funds needed for later treatment.[4] Similarly, policy makers stress careful ***planning and organization*** so that human resources can be used unstintingly, but with minimal waste. The high levels of participation in, and satisfaction with, the political process in Minnesota, even by such traditionally resistant groups as the corporate community, has led people to call Minnesota the ***state that works***.[5]

The History of the Minnesota Initiative

Reconstructing how the political agenda for ECFE was set and how the legislation was formulated is difficult some 15 years after the fact. A particularly long pilot phase further complicates the story of how the initiative unfolded. The following section, therefore, is thematic rather than chronological, briefly tracing the formulation of the initial legislation and then outlining areas of program design, context, and management that influenced the eventual adoption by the legislature in 1984 of a policy permitting statewide implementation.

The initial design for the legislation authorizing ECFE is universally credited to Jerome Hughes, an educator who turned state legislator in 1966. Hughes' idea for a preventive program that would focus on families came in the early 1970s, at a time when Minnesota, like many other states, was increasing appropriations for more treatment-oriented special education services. He decided it was appropriate to develop his concept through education rather than health or social services because "Early childhood and family education should be considered preventive education." On the more pragmatic side, Hughes was careful to keep the phrase 'child care' out of the language of the bill because: "A decade ago day care was an anathema." His subsequent research as a Bush Fellow in 1975 bolstered his commitment to family support and education and

his belief that "It is cost-effective to deal with the mother [because] home is the first academy."[6]

Hughes is described by many of his colleagues as a dreamer and a visionary in public education, but has a reputation among his colleagues in the legislature and the State Department of Education (SDE) for tending to operate somewhat independently. He actively solicited support and received letters of endorsement from various groups, including the Minnesota Medical Association, before introducing the bill. We found no evidence, however, that Hughes worked actively with the SDE or local school districts in developing the initial legislation. The eventual movement of the ECFE initiative to Community Education in 1984 is not surprising when one considers that Hughes was the sponsor of the initial Community Schools bill in 1971 and that he worked as a Community Education director/consultant in St. Paul for many years.

Although Hughes originally conceptualized the ECFE legislation in 1971, he did not introduce it until 1973 when the political climate was more favorable. The Democratic Farmer-Labor Party (DFL) had assumed a majority in the Senate, and he had moved from being a member of the Senate Education Committee to being its chairman. This first bill called for full-state implementation to be funded as a categorical program from the foundation aid formula for public education.[7] When Hughes saw that the bill's chances of passing were slim, he had it laid over and then introduced a nearly identical proposal in 1974.

Vocal opposition to the 1974 bill came from day-care, Montessori, and private nursery-school providers, who were concerned about public schools becoming involved with programs for young children because "They don't know what to do with children . . . they're just going to push academics on young children . . . [and] schools do not have a good track record of working with parents." A feeling has also persisted that child-care advocates were opposed to an ECFE initiative in the public schools because it might duplicate and therefore compete with day care or nursery schools.

The ECFE bill initially failed in the House. Substantial negotiation in the Conference Committee transformed it into a directive to the Council on Quality Education (CQE) to initiate a series of pilot projects, supported through competitive grants. The legislation also specified that CQE appoint a nine-member ECFE Advisory Task Force to assist in overseeing the program. The task force was to include a majority of parents and to reflect representation from the fields of health, [early] education, and welfare. According to one former member, the major role of the task force became reviewing grant proposals and keeping the focus on families: young children *and* their parents.

In 1971, reform of Minnesota's method of school finance, sometimes called the "Minnesota Miracle," reduced the difference between school districts' median operating costs and the foundation formula allowance guaranteed by the state. With this 'capping' of local expenditures, the legislature also created CQE to promote cost-effective innovations in education. At the time, CQE was considered to be the only state-funded effort of its kind in the United States created expressly for this purpose.

CQE had a 19-member council whose structure included 10 representatives appointed by the Governor (one for each Congressional district and two members-at-large) and nine appointees from various education organizations, including higher education, vocational education, public schools, and the teachers' union. CQE was given appropriations to fund programs in local school districts and was housed, with its own staff, in the SDE. Through the 1970s, CQE became a catch-all site for projects that had initially failed to pass through both Houses.

According to B.J. Mahling, the former Chair of CQE, "ECFE was created and assigned to CQE in one fell swoop in the 1974 legislative session." Mahling recalls being approached in the hallway minutes after the initial hearing for ECFE in the House and being asked, "How would you like a quarter of a million dollars to do pilot ECFE programs?"

The Role of the Council on Quality Education

CQE viewed the initiative as a "special assignment" that complemented its role in improving education. B.J. Mahling remembers that

> *The first response [from CQE] was flattery that they were seen as a viable group with potential for effectively carrying out a targeted assignment. The second reaction was . . . all this extra work without any additional staffing . . . .When it was created there was no staffing assigned at all.*

CQE's initial strategy for administering the program demonstrated a willingness to take on a new initiative, a position of relative autonomy from the SDE bureaucracy, and the emergence of a mix of staff who could deal effectively with both political and programmatic issues. Key aspects of this strategy included:

* successfully seeking administrative funds and a staffing complement during the next session of the legislature, adding two additional staff members who could dedicate their time to the ECFE initiative;

* bringing the most vocal opponents from the child-care community onto the ECFE Advisory Task Force as experts;

* holding public hearings across the state to identify issues that should be considered in any policy recommendations or decisions, thus defusing some of the vocal opposition from the child-care advocates;

* continuing to defuse any conflict with other early-education and child-care programs through inservice, site visits, and phone calls to confirm that ECFE "only offered a limited pre-school experience";

* initiating briefing sessions with Senator Hughes and House members to assure that the program would be implemented as intended;

* selecting pilot sites to assure geographic distribution statewide, as well as racial and socio-economic diversity, in order to develop as broad a constituency of political support as possible;

* actively providing technical assistance to local project staff and involving them in developing statements of quality criteria; and

* maintaining active involvement in the implementation and monitoring of pilot sites through frequent site visits and annual formative evaluations.

A History of Scrutiny and Slow Growth

Initial funding from the legislature was $230,000 for the 1974-75 school year. CQE chose six programs from 43 applicants across the state. Appropriations gradually increased each biennium; by 1980-81, approximately $1.8 million was being used to support 36 sites (nine in cities of the first class, 10 in metropolitan areas, and 19 outside the seven-county metropolitan area). A subsequent recession in the early 1980s resulted in the legislature cutting the appropriation approximately 15 percent. As a result, many of the local programs cut services and engaged in extensive local fundraising. Two of the programs merged, reducing the total number of pilot sites in 29 school districts from 36 to 34. (Refer to Appendix A for a time-line tracing the history of the initiative).

During the course of this growth, ECFE received considerable scrutiny in the legislature. The benefits to lodging this service within the public education system remained an open question. Senator Hughes' efforts to continue and expand ECFE through the pilot years always met with an initial "No" from the House. House members used his desire for ECFE expansion to negotiate for other things. Program staff and parent participants, rallied by CQE staff, gradually became a "moving force," diligently testifying before legislative committees, hosting policy makers at program sites in their legislative districts, writing letters, making telephone calls, and lobbying for continued support and expansion

of a program they perceived as a high-quality, worthwhile effort. Gradually ECFE's own constituency in the House forced an end to this kind of negotiation.

In 1977, the legislature instructed CQE and the ECFE Advisory Task Force to conduct a study of policy issues to be completed by January of 1979. Members of CQE and the ECFE Advisory Task Force engaged in a series of open dialogues with concerned citizens, groups, organizations, and legislators. CQE staff members prepared a 169-page report that summarized program implementation to date, cited national research results to justify the initiative, described the results of annual formative evaluations of ECFE pilots, and presented data on participants and costs. The 1979 report also contained a number of policy recommendations and a summary of areas of disagreement that had emerged through the public dialogues regarding these policies.

The recommendations covered the following areas (eventually all but the first were incorporated into the subsequent legislation):

* The expansion of ECFE should be gradual, controlled, and based on voluntary participation by local school districts and communities.

* ECFE funds should continue to flow to school districts, but the involvement of other agencies should be strongly encouraged.

* Programs should be open to all families and attain an approximate pro rata participation among the different types of families through special outreach to low-income and stressed families.

* Guidelines should be developed to assist communities in adapting the role of the local parent advisory committees for ECFE to meet their needs.

* Local staff should be appropriately qualified through demonstrated competence in specified areas and have appropriate licensure related to job duties.

* The general health and safety standards of the Department of Public Welfare (now called the Department of Human Services) for child-care facilities should be adopted for the operation of ECFE programs.

* ECFE should decrease its emphasis on using elementary school attendance areas as program service areas, but should stress the local nature of these programs.

* Data should be collected, with the support of federal or foundation funds, to document the long-term impact and cost-effectiveness of ECFE.

Legislative response to the program itself was enthusiastic during the 1979 Session. Funds for additional grants were authorized. Legislators were cautious, however, about the rate of expansion that might result from a statewide funding formula. They continued to express concern about whether education was the most appropriate institution to deliver these services. No funds were allocated for long-term research. They did add language to the legislation reserving a portion of the overall appropriation for special categorical grants to pilot projects serving economically disadvantaged persons, on the premise that extra expenditures of staff time and program resources might be required to draw these highly stressed families into the program.

The legislation authorized CQE to distribute the categorical funds among the pilot sites in proportion to the estimated number of low-income families in the service area of the programs. The initial definition of low-income was based on families receiving AFDC (Aid to Families with Dependent Children) and proved to be difficult to implement because no database of that information existed that respected the individual family's right to privacy. As a result, the criterion shifted in the next legislative session to the percentage of elementary students in the program's service area who were eligible for the federal free-lunch program.

In 1980, the number of programs nearly doubled, but little reporting occurred. The CQE staff members focused their efforts on managing

the expansion of the pilot sites. In 1981, CQE and the ECFE Advisory Task Force reaffirmed their position that the program's financing should be converted from the grant mechanism to some type of formula funding for established programs. CQE staff members updated the earlier policy study to include information about the new sites and resubmitted it to legislators with the following revisions to the policy recommendations:

- the special categorical-funds provision added in 1979, encouraging programs to serve economically disadvantaged and stressed families, should be dropped. Instead, CQE should have the authority to negotiate budgets with local programs that would support outreach efforts to reach participation goals;

- local advisory councils should include a parent majority and meet at least once every four weeks;

- school districts should be required to assume fiscal responsibility for providing a suitable program facility. Minimal guidelines for facilities should be established;

- participation should be through local elementary school attendance areas. District applications for funds should be required to specify the proposed service area and describe the eligible population;

- the legislature should fund long-term data collection.

The deepening recession, however, kept the revised policy study from receiving much notice during the 1981 legislative session.

With a continuation of a poor economic climate in the state in 1982, discussion of the program was limited. The Senate Education Committee adopted language instructing CQE and the ECFE Advisory Task Force to experiment with formulas for funding the initiative on a more widespread basis, but the provision did not survive in the final bill, which authorized continuation of the pilot sites at a slightly lower funding level.

Community Education becomes a Home for ECFE

In 1974, the enabling legislation for ECFE had established an implicit relationship between Community Education and ECFE by requiring each local pilot project's advisory committee to report to the district's Community Education advisory committee. The authors of the original legislation in the Senate and the House asked CQE to maintain this relationship as the initiative developed. As a result, staff from ECFE programs and CQE staff gave presentations at conferences and at meetings of the state advisory council for Community Education.[8]

Through the pilot years, the ties between ECFE and Community Education continued to develop in subtle ways. First, pilot projects received financial and other indirect forms of support from Community Education, especially in the metropolitan areas, particularly when ECFE funding decreased in 1980-1982. Second, although staff from the pilot projects tended to maintain a strong direct relationship to CQE, some also had a reporting relationship to Community Education within their district. Finally, since the CQE grants could only support a small number of sites, Community Education programs were encouraged to develop ECFE services with their own sources of funds.

In 1983, the governor's biennial budget recommended that CQE and the State Board of Education experiment with various formula support mechanisms and allocated approximately level funding for the fiscal year 1984-85 biennium. The final education aids bill reallocated these funds to provide a one-year phase-down grant for the 34 programs at approximately 60 percent of their prior funding, causing many pilot programs to cut their services drastically. It appropriated $.25 and $.50 per capita, in fiscal years 1984 and 1985 respectively, to local Community Education programs to encourage them to adopt or expand Early Childhood and Family Education. The enactment stipulated that districts that had received CQE grants use the per capita aid for their ECFE programs through the biennium. Its final provision instructed CQE to conduct a

review of alternative funding formulas with the assistance of the State Board of Education.

In 1984, the carefully nurtured model of ECFE services was finally going to be allowed to go statewide. Legislation sponsored by Hughes drew heavily from the program-related recommendations outlined by CQE in 1979 and 1981 regarding program characteristics, the advisory group, and licensure of staff, but as discussed below clearly rejected CQE's plan to supervise a gradual, controlled expansion of the program. Also missing were the requirements that districts use local attendance areas to develop individual sites and a prohibition of the use of funds for facilities.

The Politics of Expansion and Opposition

The toughest moment for ECFE came in 1983, when Hughes raised the issue of going statewide. Opposition to -- or lack of active support for -- the expansion scheme came both from the House and from within CQE. The House opposed expansion on the grounds that if ECFE were put into the school aid formula, there would be no mechanism for quality control. CQE did not favor expansion outside of their control because "all the bugs had not been worked out." Staff members from some of the pilot projects were not particularly enthusiastic about being supervised by Community Education. They were used to having relative autonomy in the local district and dealing directly with CQE staff on budget and program issues. In addition, the average size of their budgets would be reduced under the per capita plan.

Further opposition came from the area vocational-technical institutes in the state, which had also been providing parent education classes. They had been willing to live with a few pilot projects, but did not support statewide adoption of an initiative under Community Education, arguing that adult vocational education had been offering these services for many years. Active support came from Community Education directors across the state, who lobbied effectively for placement of ECFE under Community Education.

A Workable Funding Mechanism

In 1984, when the legislature was considering statewide adoption, there was a feeling among legislators that the program had to go on a funding formula or be returned to the local community under existing resources. There was also some sentiment in the legislature that separate funding was not necessary. Joel Sutter, a member of the Senate research staff and a member of the CQE/SDE committee that considered various statewide funding formulas, remembers that at this time data on what the pilot projects actually spent was limited. It was not clear what ECFE actually cost. Also, some committee members considered the grant application process for new projects that CQE favored to be too labor-intensive at both ends, requiring a lot of review at the SDE, and involving decisions at the state level that were viewed as somewhat arbitrary.

Options the CQE/SDE committee considered included: (1) the Community Education per capita aid model passed by the 1983 legislature; (2) a foundation aid model that Senator Hughes had proposed as part of the initial legislation in 1973 and 1974; (3) a salary-based model where districts would be reimbursed with state aid for a portion of staff salaries; and (4) a pupil-based formula based on enrollment and contact hours. The committee reviewed the advantages and disadvantages of each of these options and summarized them in a report to the legislature.[9] Senate staff member Sutter recalls that the committee considered the third and fourth options -- the salary-based model and the pupil-based formula -- to be particularly flawed because they were too open-ended, creating too much incentive for inefficient growth. Also, record-keeping would be cumbersome, particularly with the pupil-based formula, because many different types of services were being offered, some involving only parents, others parents and children together, as well as indirect services such as toy- and book-lending libraries.

After the committee had finished its report, Sutter drafted the legislation for Hughes' consideration prior to submission in 1984. It was

based on the existing mechanism for funding elementary and secondary education in Minnesota, which is called a formula allowance. Each district in the state receives a certain amount of revenue per pupil in residence. These funds augment what the district is able to raise through local property taxes. In some communities, the tax will raise all the necessary revenue because property values are high, but in other communities, where the tax is insufficient to raise revenue, the state provides aid to augment it.

Sutter remembers that his only substantive discussion with Hughes was about how much aid would be provided through the formula. The bill proposed a five percent formula allowance, instead of ten percent, because Hughes thought that ten percent would "make the program too rich, and therefore vulnerable to opposition in the legislature." The bill also provided for administration and oversight of ECFE within the Community and Adult Education section of the SDE.

The 1984 ECFE legislation came through the Omnibus Education Aids bill -- the bill in which all spending items that affect school districts are considered. There was no clear opposition, but rather, according to Sutter, "There were legislators for whom ECFE continued to be a low priority." Although the funding formula was finally approved, the additional funds for administration or oversight were cut.

This legislation established a stable funding base for ECFE in which school districts certified to offer Community Education programs could also levy for ECFE by a vote of the local school board. Maximum revenue was defined as five percent of the foundation aid allowance (per pupil unit formula for funding K-12 programs under Minnesota's school finance scheme) times the number of children under five years of age residing in the district, or a minimum of 150. As with foundation aid generally, the maximum revenue is a combination of local levy and state aid with districts being authorized to levy up to .4 mill in 1984, but no more than the maximum revenue as described above. When a .4 mill levy does not generate the maximum revenue, state aid makes up the difference. State aid was prorated for districts choosing to levy less than .4 mill.

In 1985, the legislature increased the levy to .5 mill and shifted to basing the maximum revenue on the previous year's foundation aid. This formula change was a result of the unanticipated expense to the state because the rate of growth of the initiative was much faster than anticipated.

Core Model

It must be remembered that in 1974, when the first proposals for pilot sites were solicited by CQE, few models of family support and education existed. Given the pilot character of the legislation, CQE and the ECFE Advisory Task Force elected to encourage local experimentation with different service formats. Local programs were not required to serve adults a particular number of times or to serve a minimum proportion of the local population. Programs were not required to hire licensed staff, although many did hire teachers with a background in early childhood education. Some pilot sites adapted available curricula and approaches (e.g., High/Scope, Parents as Teachers, Family Oriented Structured Pre-School Activity), while others developed their own materials and format.

The legislation through the pilot years did specify that:

- programs serve children before kindergarten and below the age of six through voluntary participation by parents and their children;

- services include such components as the identification of potential barriers to learning, education of parents on child development, libraries of educational materials, family services, education for parenthood programs in the secondary schools, in-center activities, home-based programs, and referral services;

- pilot programs each serve one elementary school attendance area in the local school district, or a combination of attendance areas if deemed appropriate by CQE;

• in the determination of pilot programs, preference be given to those having the ability to coordinate their services with existing programs and other governmental agencies; and

• a local advisory committee be established with members selected by the local board of education from the elementary school attendance area being served.

Early formative evaluations revealed that the pilots did conform to these requirements but that some local variation developed in response to local needs. Service components found in the early ECFE pilot programs included both center- and home-based parent and family education, center-based child development activities and, to a lesser extent, health screening of children, family resource libraries, and pre-parenting education for adolescents. In 1978, outside evaluators reported that of the 22 ECFE programs, nine had regular home-based components and one was beginning implementation of a home-based component.[10] Variation among programs was again evident in 1979 when it was reported that "Although all 22 [pilot] programs provide parent education in some form, the provision of other service components varies among programs."[11] However, it is clearly apparent that throughout the pilot phase, CQE staff monitored programs to assure that parents played an active part in activities.

Analysis of participation data revealed that participation by parents and their children ranged greatly among pilot programs, depending upon the types of services provided, the intensity of services, the population density of the service area, the number of elementary attendance areas served, the type of setting (urban/suburban/rural), and the size of the school district.[12] During 1978, programs offered an average of 22 hours of parent and family education and 31 hours of child development activities each week. During FY 1980, an estimated 47,710 adults and 33,144 children were eligible for services in the 36 pilot sites. CQE reported that approximately one-sixth of these individuals participated in parent and family education services two or more times. Participation data indicated that 19 percent of all participants were identified as low-income families.

Over time, a core model of ECFE services began to emerge that has continued to be replicated and adapted as the initiative has expanded on a statewide basis. By 1984, the most common form of programming involved center-based classes for parents and children that were held during the regular school year.[13] Sessions were usually conducted on a weekly basis and lasted from one to three hours. Child development activities tended to be offered by early childhood teachers for either a mixed-age group or separately for infants, toddlers, and pre-kindergarten children. These activities were typically scheduled simultaneously with center-based parent and family education activities offered by a parent educator. An important part of the session usually involved a parent-child interaction time scheduled before or after the other activities.

Factors contributing to the emergence of this basic model include: a) extensive networking among local program staff, who tended to borrow best practices from older, established pilot programs; b) the need to appeal to as many eligible families as possible, including parents working outside the home, who tended to favor special events and weekly classes; c) funding cuts in the early 1980s that led to a decrease in the use of the more expensive home-based services; and d) the passage of statewide early health screening legislation in 1977, which minimized the need for ECFE to duplicate this service.

The Role of Evaluation Data

In launching the ECFE pilots, CQE staff and ECFE task force members made an early decision to strive for high quality programs, feeling that "The pilot programs should [provide] optimum services as a point of future reference."[14] An outside evaluator and two research specialists, all with national reputations, advised at the time that "Efforts to prove that children participating in the programs would have, for example, better school achievement might be impossible within the financial and time limitations related to the program."[15] They counseled that the most critical need was "to find out if the concept was workable in a variety of settings and if programs utilizing it

could attain community acceptance and participation."[16] Thus, the independent consultants who carried out annual evaluation efforts between 1975 and 1978 focused on assessing the success of local programs at implementation in terms of compliance with legislative intent, the content and quality of services, common program development issues, the number of participants, rough estimates of program costs, and participant satisfaction with services. These evaluation findings and recommendations were presented in reports to the legislature as evidence that family support and education services were valued by the community and that the concept was workable in a variety of settings.

Between 1979 and 1981, attempts to measure the impact that established programs had upon their participants met with mixed results. Methodological problems and design limitations inherent to conducting research in ongoing programs could not be overcome. Furthermore, fiscal cutbacks by the legislature due to the recession, reductions in CQE staff, and legislative changes for the role of CQE with ECFE severely limited the scope of evaluation efforts between 1982 and 1984.[17]

The Current Scope of ECFE

The central purpose of ECFE has always been to enhance and support the competence of parents in providing the best possible environment for the healthy growth of their children during the formative years between birth and kindergarten enrollment.[18] It is based on the premise, first articulated by Hughes, that the home is the first learning environment and that the parents are a child's primary and most influential teachers.

Major goals of ECFE, as stated by the Minnesota Department of Education, are to: (1) support parents in their efforts in raising children; (2) offer child-development information and alternative parenting techniques; (3) help create effective communication between parents and their children; (4) supplement the discovery and learning experiences of children; and (5) promote positive parental attitudes throughout the child's school years. Substantive parental involvement is required by statute; local programs are not permitted to offer full-time child care or a nursery school with ECFE funds.

The current scope and operation of the program can best be characterized in terms of its agency auspices, services, eligibility, staffing patterns, and linkages with community organizations.

The responsibility for the ECFE program was assigned to the Community Education unit within the State Department of Education (SDE) in 1984. A staff member from CQE, working with part-time clerical assistance, was reassigned to the unit to manage statewide implementation. Local school districts may offer ECFE through their Community Education programs. In March of 1986, a report to the legislature stated that 41 percent of the 253 school districts offering ECFE were involved in a cooperative arrangement with neighboring districts in order to share the costs of program supervision, staff or other resources.

A core model of services developed, even though specific services are a matter of local choice. Typical annual involvement of a family is two hours a week for a period ranging from eight weeks to a school year. Few services are offered during the summer months. In order to accommodate schedules of parents, classes are offered during some evening and week-end hours as well as during the day. Most local programs offer parent-child interaction times. Usually no more than 10 or 15 adults are enrolled in a particular parent class.

Other services and activities ECFE programs frequently provide continue to include: special events, access to toys and books, newsletters, and targeted services for particular populations (e.g., Southeast Asian immigrants, single parents, or teen parents). Home visits for outreach and education/support are provided on a limited basis in some school districts or in cooperation with other agencies in the community. Currently, approximately 28 percent of the ECFE programs offer home visits for educational purposes as part of their program.

Eligibility extends to all parents with children under kindergarten age residing in the service area of each school district. Participation is voluntary. Services are directed at expectant parents, as well as grandparents, foster parents, siblings, and others who have substantial involvement with and responsibility for children under the age of five. In FY 1987, the participation rates across programs ranged from 1.5 to 95 percent of the eligible population. The statewide average was approximately 22 percent.

Program staff are encouraged by the ECFE specialist at the SDE and through resource publications to ". . . obtain an approximate pro rata participation of cultural, ethnic, and income groups represented in the community." In 1986, Lois Engstrom, the ECFE state specialist, noted, "Great strides are being made by a growing number of local programs, but statewide, minority and disadvantaged families are still seriously under-represented in the program."[19] Engstrom reports that since then, "The situation has improved significantly due to a major emphasis on outreach."

ECFE staffing patterns are very similar across the local sites. This may be traced to the basic model of services and staffing positions that evolved during the pilot phase. Programs tend to employ an ECFE coordinator full- or part-time depending on their size. Generally, programs employ a number of full- or part-time parent educators and early childhood teachers to work with parents and children. By statute, all teachers working with parents and children in ECFE must be appropriately licensed as parent educators or pre-kindergarten, nursery school, early childhood special education teachers. During a transition period (1984-89), K-6 or 1-6 teacher licensure was accepted by the SDE.

Staff backgrounds vary, but primarily include early childhood educators, child development and family life specialists, nurses, and consumer home economists. At the end of the transition period, parent educators will have to have either a full-time adult vocational-parent educator license through the vocational-technical board or a parent educator or early childhood family educator license through the SDE. All early childhood teachers will have to be licensed by the SDE either as a nursery-school teacher, pre-K teacher, early childhood special education teacher, or early childhood family education teacher.

Licensure is the one issue that has tempered the support of some directors of Community Education. First, some directors feel that the licensing requirement runs counter to the notion that Community Education courses should be offered by anyone in the community who is interested and willing to do so. Second, requiring licensed teachers is a potentially expensive proposition and will lead to the involvement of teachers' unions.

Three different types of linkages with community organizations have evolved in the ECFE program. The ECFE legislation explicitly encourages local ECFE programs to serve as catalysts for coordination of services among community agencies and not to duplicate services already available in the community. Local advisory councils must be appointed by the district for each program. A majority of members must be participating parents. A program development guide distributed by the SDE in 1984 suggested that professionals from fields such as health, welfare, child care, and education fill the remaining positions. In a survey conducted in late 1985, local ECFE coordinators reported that the major functions of advisory councils included (in order of frequency of reporting): 1) serving as eyes and ears for the program in the community; 2) assisting in outreach; 3) monitoring the program; 4) conducting public relations efforts; 5) planning the program, and 6) helping to coordinate program services with other community resources.

Coordinators of ECFE programs have forged various types of linkages that have contributed to the overall success of the program. The roles played by staff in the ECFE programs may be characterized as examples of outreach, cooperation, or collaboration, in which ECFE resources contribute to a jointly funded activity that can act as an organizational entity whose

identity is separate from the participating organizations. Each of these types of linkages is described and discussed below.

Outreach Linkages: This type of linkage does not involve formal linkages between ECFE and other agencies in the community beyond participation on advisory councils or boards; the flow of resources is in the form of participant referrals and information about particular service needs in the community. This type of linkage takes many forms, including:

- making information about ECFE services available to other professionals and agencies in the community serving young children and their parents;

- encouraging referrals, from these professionals and agencies, for enrollment in existing ECFE services;

- referral of ECFE participants to other services in the community; and

- inviting professionals and agencies to participate in assessing the needs of the community and planning the services offered by ECFE.

Cooperative Linkages: This type of linkage involves shared resources, such as facilities, equipment, or staff. Examples include:

- specialized services targeted to or developed for particular types of parents at the request of professionals and agencies;

- ECFE activities held in settings under the auspices of community-based agencies or organizations, either to reach certain types of parents or because space is not available within the public schools (rent may or may not be charged to the ECFE program);

- ECFE staff who provide parent support and education services on an itinerant basis to parents enrolled or participating in a program offered under the auspices of another agency or organization (the staff person's salary may or may not be subsidized by that agency or organization);

- another agency or organization arranging or subsidizing transportation to ECFE activities;

- an agency or organization conducting home visits for outreach and providing short-term parent support and education with the goal of the parent eventually enrolling in a ECFE-sponsored activity; and

- two-way involvement in in-service training and consultation.

State-level staff (first at CQE, and later the ECFE state specialist under Community Education) have actively encouraged local programs to cooperate with local nonprofit agencies and organizations to plan their services, solicit referrals, use community agencies as referral resources, and share facilities and resources. A resource dependency, due to the lack of adequate school-based facilities and the need to reach at-risk families who do not typically look to the public schools for services, has influenced ECFE programs to cooperate with other organizations.

Collaborative Linkages: This type of linkage is perhaps the most difficult and time-consuming to develop and maintain because it involves joint goals, decisions, and action. It also typically requires the commitment of staff or financial resources by each participating organization. Voluntary collaboration between ECFE and other organizations has developed to serve the most stressed or at-risk families in urban settings that have 1) concentrations of these families, and 2) ECFE budgets that are not totally allocated to on-going services. These jointly run services incorporate the ideology of parent support and education into family treatment, early intervention, or adult basic education settings. Examples include:

- the marriage of ECFE staff and resources with medical and therapeutic staff in an out-patient treatment program for dysfunctional families that provides diagnostic and after-care services; and

- a three-year demonstration project, involving an operating community foundation, county social

services and public health, and an ECFE program, that provides a neighborhood team approach to primary prevention of child maltreatment and the promotion of family strengths in at-risk families. The initiative is funded primarily with federal monies and utilizes trained community-based volunteers in conjunction with existing professional services.

Recent Funding

Between fiscal years 1984 and 1988, state funding for ECFE programs grew from a total appropriation of approximately $1.03 million to $18.3 million (excluding revenue that districts may have received from other sources, including state vocational-technical aid, Community Education fees, federal grants, or foundation funds). A review of the total state categorical aid to school districts for various types of Community Education programming shows that ECFE's proportionate share will have grown to 49.1 percent by 1989. In some districts, ECFE is the major item in the Community Education budget.

Overall, ECFE funds continue to be a very small part of the total operating revenue for school districts. Each year, the total ECFE revenue derived from local levies and state categorical aid has been less than one percent of the total state and local operating revenue available to districts (approximately $2.7 billion in fiscal year 1988, excluding capital funding). Because Minnesota's foundation aid formula is equalized, the ratio of aid to levy varies greatly among districts. Statewide, 40 percent of ECFE funding is state aid; 60 percent, local levy. Some ECFE programs receive 100 percent of their funds through the local levy.

Recent Evaluations

Local programs typically measure participant satisfaction and are required by the legislation to submit annual reports of participant rates by type of activity to the SDE. The SDE routinely collects this information as part of the Community Education and ECFE annual reports.

According to the current chairman of the Senate Education Committee, the legislature would like to have a professional study of the effectiveness of ECFE, but "The best thing that sells it is constituent reports . . . .When legislators hear constituents say that ECFE has an impact, that carries more weight." Any impetus by the legislature to fund an outcome evaluation has clearly diminished since the program went statewide and became the responsibility of the local school districts. The state ECFE specialist has worked with an evaluation task force to develop a demographic data-collection form and a statewide participant-tracking form for use in all local programs, with the intent of conducting longitudinal studies in the future if funding becomes available. During FY 1988, an extensive survey was done to get a better picture of how local programs are operating across the state.

Reasons for the Success of the State Initiative

To date, educators at the state and local levels consider the Minnesota program to be an efficient provider of family support and education services on a statewide basis that respects the local autonomy of school districts by allowing them to make the decision about whether to initiate ECFE services. In addition, educators consider these services to be successful because of the rapid statewide expansion of the ECFE program that occurred between 1984 and 1988. Finally, the impressive numbers of parents and children who have voluntarily enrolled in activities and their relative satisfaction with their experience have contributed to a perception, widely held at both the state and local levels, that the program is worthwhile.

The perceived success of the ECFE program may be traced to the following series of factors of context, program design, and management:

1. Minnesota has a strong commitment to social welfare and education. The *Minneapolis Star Tribune* notes the importance of the Minnesota tradition of a do-something government as well as "the Depression-era rise of the liberal Democratic-Farmer-Labor (DFL) party, which permanently

altered the state's political climate." This coalition between workers and farmers has provided a liberal constituency for a state government that has led the way in creative use of government to solve local problems and foster social change. Although the composition of the DFL party has changed to include many well educated middle- and upper-middle-class professionals, the thrust of its policies has changed little. "Minnesota's political leaders have never hesitated to reach for the pocketbook in response to perceived problems."[20]

Minnesota has a strong commitment to education and a history of offering parent education as part of many types of programs, including vocational education.[21] Vocational educators have assembled and developed many types of curriculum materials that ECFE staff have been able to draw upon. Coupled with Minnesota's enduring commitment to public education, the belief that parents should be involved in their child's education has developed through the 1970s and 1980s, as evidenced by weekly columns in a major newspaper regarding child development and child-parent-school relations. Currently, the SDE views ECFE as part of a comprehensive effort to increase high school graduation rates to 96 percent by 1996.

2. **Part of the success in taking the initiative from the pilot stage to statewide implementation must also be attributed to Senator Hughes' commitment and persistence.** For years, the House would not go along with expansion, but he ". . . waited and waited." According to Hughes,

> *Like all things, once a program is begun, others get on board. The superintendents, principals, and classroom teachers were all for the status quo, but they eventually got on board as they came to believe in the responsibility and the contribution of the family.*

3. **Another success factor was that CQE staff members became strong believers in preventive support for families and had direct contact with the legislature.** Staff willingly took on the responsibility of developing ECFE, establishing a state ECFE Advisory Task Force, and placing pilot sites strategically across the state. CQE had the staff time and resources to assist actively in program development, monitor program implementation through site visits, have contact with project directors, and conduct formative evaluation studies. These activities: a) solidified the major program components, the staffing patterns, and schedules for activities that were convenient to most parents (e.g., evenings and week-ends); b) dissipated the active opposition of the child-care community (although ECFE has never had a 'big marriage' with either early-childhood education or day care); and c) built a parent constituency that influenced unconvinced legislators to support the initiative. Staff members remember handling opposition from the child-care community through a ". . . strategy of in-services, site visits, phone calls and technical assistance."

4. **The formative evaluations proved critical in providing supportive evidence to legislators** that 1) the program operated according to budget and legislative specifications; 2) large numbers of parents would voluntarily choose to participate in ECFE services; 3) the program had a low average cost per participant (estimated in 1982-84 as $234 per participant involved 10 or more times); and 4) program staff, school staff, parents, and relevant community members rated ECFE and its continuation highly. The formative evaluations also generated recommendations to improve overall program implementation and led to the identification of a list of quality criteria that were used in conducting on-site reviews of each pilot program. These statements of quality criteria are still in use with local programs across the state.

The legislature and the SDE have continued to express a hope, which they sometimes present as an assumption with a basis in the research literature, that preventive programming that focuses on parents will lead to savings by reducing later assignments of children to special education, the need for remedial services, and drop-out rates in high school. Proponents of family support and education in Minnesota (including Hughes) have linked the benefits of ECFE to research literature on

intensive early intervention programming for disadvantaged children that has documented benefits in terms of relatively higher academic performance, lower delinquency rates, and better earning prospects.[22] These potential benefits, although not clearly established through evaluation studies of ECFE, had an undeniable appeal both to professional educators and to state legislators when they considered statewide adoption of the program.

5. **ECFE, a program open to all parents with young children, has been particularly successful in appealing to the state's majority population:** the middle-class, non-minority family. However, the initiative continues to challenge many programs to draw in, and serve adequately, the relatively small numbers of minority, economically disadvantaged, or stressed families. Thus, the legislature now faces a program that is very popular across the state, but has yet fully to develop strategies to appeal to all families who might benefit from participation.

Each legislative session, threats of cutbacks brought a carefully selected cross-section of parents and staff from urban, suburban, and rural sites to offer personal testimony to the legislature. It became more and more difficult for House members to say "No" to ECFE when they were hearing such testimony from their own constituents.

6. **The locally driven funding mechanism is particularly appealing to both citizens and school board members,** who have traditionally favored local control in the operation of public school programs.[23] The funding mechanism is also appealing because it results in: a) districts being able to pace and plan the growth of their program by gradually increasing the levy amount each year (up to .5 mill); b) districts having time to plan, because a levy passed in October results in funding for activities during the following school year; c) funding from other sources, including vocational-technical state aid, fees, Community Education funds, and grants; d) funding that is categorically dedicated to ECFE but may be used for expenditures related to rental of space and for the use of classroom space in the district; and e) districts being able to enter into inter-district agreements in the administration of programs (critical in more rural districts) and to purchase services from community-based agencies while still using local school buildings as sites for services.

7. **Pre-existing licensure for parent educators through vocational education and early childhood education allowed the ECFE program to draw upon qualified staff** from: a) home economics teachers with a strong background in child development, family education, and adult education -- at a time when schools were laying off these teachers; and b) early childhood staff who were working in child-care centers at lower wages. Also, due to these existing licensure requirements, higher education faculty were already offering some courses that would be appropriate for ECFE staff. New licensure requirements for parent educators have built upon these existing requirements.

Research done prior to the passage of the statewide ECFE legislation concluded that parent education was offered in a wide range of settings and by various organizations but was most often embedded in another professional role.[24] Presently, Minnesota is in the process of recognizing a new and separate profession: the parent educator. Unlike their precursors, most staff working as parent educators or early childhood teachers in an ECFE program do not have other responsibilities in the school district.

As the new standards for licensure begin to take effect in July of 1989, many ECFE staff are pushing to move their positions onto the master teacher contract in anticipation of bargaining for a comparable salary structure to that of other teachers in the district. An assessment of the benefits of licensure and movement of the positions onto the master teaching contract and salary structure must consider the varying perspectives of the stakeholders. Many, but not all, of the Community Education directors find that this move conflicts with their employment practices for other staff. They find it both expensive and restrictive, because it runs counter to the idea that Community Education courses should be

offered by anyone in the community who is interested and willing to do so and limits teachers to those who are appropriately licensed. The current diversity in both staffing and the wage structure for staff will be limited as these structural arrangements take place.

The benefits to licensure and becoming part of the teacher bargaining unit include enhanced employment stability and protection of the positions if a reduction in force is experienced in another part of the district. Symbolically, many ECFE staff also feel they will be more respected in the district and the community. To some extent, many Community Education directors and ECFE staff are saying that licensure indicates that it does take a certain kind of knowledge and set of skills to support and educate adults in their role as parents.

8. Capacity building has been an important aspect of the ECFE program. Lois Engstrom, the current state ECFE specialist, is widely respected for her efforts to promote the development of quality ECFE programs. She came to her position with many years of experience in home economics and vocational education. Engstrom had assumed a position in CQE approximately one year prior to ECFE's transfer to the Community and Adult Education Section of the SDE. Her position was also transferred, and she assumed responsibility for facilitating the rapid growth of the initiative as it went statewide. A number of activities have helped her build the capacity necessary for the initiative to grow from 34 pilot sites to statewide implementation.

Both an introductory (one-credit) course and summer courses have been developed and offered across the state to ECFE staff. A peer-based regional network has been established to facilitate sharing of information and joint problem-solving. Because Minnesota has been licensing parent educators and early childhood teachers for a number of years, a number of training opportunities already exist. Two new licensure areas will expand the number of training opportunities already available at many colleges and universities across the state.

When the initiative first went statewide, the SDE provided resources in the form of short-term regional consultants (practitioners who had been involved during the pilot years) and a 268-page program guide. Since 1985, a committee of ECFE providers has developed and disseminated a bibliography of curriculum materials to other providers across the state.

The ECFE state specialist has relied on committees of local ECFE staff and other interested professionals to address issues of licensure, program evaluation, and staff evaluation. Written materials have been developed and disseminated regarding: health, safety, and educational standards for programs; models for coordinating services with Early Childhood Special Education; and program rules (the statute called for the State Board of Education to promulgate such rules).

The ECFE state specialist routinely disseminates information to school districts and ECFE coordinators regarding policy issues and training opportunities across the state. Promotional materials, developed for statewide use through a business-education partnership with an advertising agency, help the program to have a single statewide identity. A newsletter on family support and education issues is published in cooperation with vocational education, providing policy, program, and training information, as well as attempting to draw ECFE and vocational education closer together.

An important part of the state specialist's job has been to maintain an understanding of and support for ECFE by participating on the inter-agency task force (the Minnesota Council on Children, Youth, and Families) and maintaining informal contact with agencies and advocacy groups across the state concerned about young children and families.

These state-level efforts have fostered the growth of a strong, commonly held ideology of family support and education as 1) a preventive service that should be available to all parents, 2) a program that stresses developmentally

appropriate activities for young children and supporting parents rather than imparting parenting skills to them, and 3) a program that requires staff to be appropriately trained and licensed as parent educators and early childhood teachers.

Summary

This chapter has traced the formulation of the ECFE program and the growth of family support and education services from a few pilot programs initiated in 1974 to almost statewide adoption of the program by local school districts in 1988. The long pilot phase had the effect of dissipating initial opposition from the child-care community and fostering the evolution of a core model of services that serves as the basis of the program in most school districts.

Two of the most notable aspects of the initiative have been respect for the local autonomy of school districts and the large number of parents and children choosing to participate. A number of factors were found to have contributed to the program's success. These include: the homogeneity of Minnesota's population and its receptivity to educational innovation; the early and enduring commitment of an influential legislator; the early administrative placement of the initiative that permitted bureaucratic autonomy; the use of pilot sites; the use of program evaluation data; the appeal of a non-deficit model of services; the adoption of a stable funding mechanism; the existence of a qualified labor pool; and various capacity-building efforts at the state level. The challenges for the future include obtaining sufficient resources to conduct an outcome evaluation and adapting ECFE services to draw in and adequately serve all families, including those who are minorities, limited English speakers, disadvantaged, or experiencing stress due to other factors.

CONNECTICUT

In January, 1987, the Department of Children and Youth Services (DCYS) funded ten pilot Parent Education Support Centers (PESCs). Because of its broad eligibility standards, PESC is considered more prevention-oriented than programs in other states that target services to 'at-risk' parents. In fact, the Connecticut case represents the first state initiative within a social services context to provide prevention services to a non-targeted population. For this reason, tracking Connecticut's PESC initiative offers insights into how to develop and sustain a primary prevention approach within a social services environment, whose traditional mission has always been to provide tertiary-care services.

Context and History

The Connecticut policy initiative emerged in a favorable political environment, characterized by: leadership in social welfare innovation; a growing sentiment favoring prevention; a state budget surplus; demographic data indicating an increase in the rate of adolescent pregnancy and parenting, single-parent families, and mothers in the work force; and finally, an aggressive group of policy entrepreneurs within the state's Department of Children and Youth Services (DCYS) that believed in prevention and was determined to act on that belief.

A Forward-Looking State

Connecticut takes pride in its tradition of leadership in the social welfare arena. It has been forward-looking in developing treatment programs, claiming a number of "firsts" to its credit. For example, in the late 19th century it was the first state to establish a child guidance clinic and the first to develop a foster-care system to replace its orphanages. Under the Youth Services Bureaus, Connecticut's system of delivering social services to children became the most comprehensive in the nation. When DCYS was established in 1969, it served as a model of comprehensive mental health and child welfare services that was later adopted by Maryland and Delaware. Connecticut's special education legislation also served as a model for the federal government's Education For All Handicapped Children Act of 1975.

However, Connecticut's tradition of leadership in social welfare did not survive the fiscal conservatism and retrenchment of the 1970s unscathed. According to U.S. Senator Joseph Lieberman, who has written extensively about Connecticut politics, state government expansion in the sixties was followed by more than a decade of political and fiscal conservatism.

> *In 1971 . . . a new mood arrived . . . . The boom period of growth in state institutions and state services was over. Replacing it was an overriding desire to limit state expenditures and balance the budget. That goal, which would absorb Connecticut state government throughout the decade of the seventies, was a natural reaction to the rapid expansion of state government during the 1960s. It was also, in part, an expression by the middle-class majority . . . that they had had enough, enough of higher taxes to support programs that benefited other people.*[1]

However, by the mid-eighties the state government enjoyed a sizeable budget surplus and it was in this propitious moment that the Parent Education Support Centers (PESC) initiative originated.

A Political Culture of Localism

Although Connecticut has been a leader in child welfare, its citizens seem reluctant to have public services delivered directly by the state government. They prefer to receive services in their own communities, and to determine the exact nature of those services locally. Given this political culture of localism, it is sometimes difficult for the state government to undertake new policy initiatives. For this reason, DCYS had to be very cognizant of the importance of 'bottom-up planning' and has followed the practice of involving local groups in the development of its social service programs. Moreover, regional advisory councils are a critical component of DCYS's program planning and monitoring.

Advocacy for Children

An array of state policy initiatives on behalf of children emerged in the mid-eighties. In part, this was the result of the increasing attention that children's advocates were giving to the problems of children in the state and nation. By the mid-eighties, children's advocates had succeeded in placing children's and family issues on the state's political agenda. In 1983, an advocacy organization called Collaboration for Connecticut's Children (CCC) started focusing public attention on all state government activities that had some effect on children. They highlighted the programs and services that they considered to be supportive of the healthy development of children and stressed the need for more preventive and collaborative efforts among state and community agencies. A committee set up by the CCC examined the state budget and issued a report that identified activities in 22 state agencies that affected children. The intent of this report was to promote a coordinated statewide approach to children's needs by revealing the numerous and often uncoordinated state expenditures for children. Copies of the report, called the Connecticut Children's Budget, were distributed to state legislators, agency heads, the governor and the media. The CCC also formed an ad hoc committee to lobby the state legislature for the establishment of an official state commission on children.

In 1985, in response to both the increasing attention devoted to the problems of children in the media and the lobbying efforts of children's advocates, the state legislature created a 26-member Commission on Children. This body was established with broad bipartisan support and charged with investigating the status of children in the state and promoting inter-agency collaboration and the formulation of new policies that would address the unmet needs of the state's children.

Together the CCC and the Commission on Children made the case that Connecticut was a state of contrasts. In the midst of affluence, they argued, many of the state's children were suffering the effects of living in poverty.[2] The following statement by Robert Francis, chairman of the CCC's Committee on Public Expenditures for Connecticut's Children and a regional director of DCYS, is an excellent example of the kind of two-Connecticuts argument presented by the children's advocates:

> *One Connecticut is experiencing unprecedented prosperity with an unemployment rate of 3.5%. The second Connecticut is very poor, marked by families with children living in urban areas and hidden from daily view. One in seven children in Connecticut lives in poverty and, although children comprise 24% of the State's population, over 33% of the State's poor are children . . . . Connecticut is segregated economically, racially and culturally and a large number of problems are disproportionately borne by its cities.*[3]

Although advocates highlighted the disparity between rich and poor in Connecticut, they also made a more subtle, though less documented, argument that increasingly, stress is experienced by American families across socio-economic strata. The dramatic increases in teen pregnancy, alcoholism, mental illness and suicide among children of middle- and upper-class families

captured the attention of the child advocates and fostered a new focus on prevention.

However, in documents published by the Commission on Children, the data clearly indicates a disproportionate increase in the problems of Connecticut's minority families. Highlights of this data follow:

Female-headed households have nearly doubled.[4] Female-headed households with children under 18 increased from 9.9% of all households in 1970 to 17.1% in 1980. But there is a great disparity among races. In 1980, 13.1% of white families with children under 18 were female-headed, whereas 49.1% of all black households with children under 18 were female-headed, and 38.9% of all Hispanic families with children under 18 were female-headed.[5]

The divorce rate has increased. In 1970, 3.8% of all marriages were dissolved by divorce, compared with 8.7% in 1980. Increases were especially dramatic for blacks, where the increase between 1970 and 1980 was 100% (12.5% to 25.3%), although it increased as well among whites, from 10% to 18.3%.[6]

Out-of-wedlock births have increased sharply. In 1970, 9.6% of all births were out of wedlock, whereas in 1985 the percentage was 21.3%. (Here the greatest change was among white women, with a 178.5% increase).[7] The only positive sign has been the decrease in number of births to teen parents.

The percentage of minority children likely to live in poverty is increasing. Between 1969 and 1980, white children in poverty increased from 5.9% to 7.5%; in the same time period, black children in poverty increased from 28.2% to 33.7%; and Hispanic children from 25.1% to 43.4%.[8]

Unemployment rates among non-whites have increased. Between 1970 and 1985, unemployment among non-whites increased dramatically (from 5.2% for blacks and 4.7% for Hispanics to 10.3% and 13.1%, respectively), whereas for whites, rates increased a scant 1.3%.[9]

Hartford and New Haven rank among the nation's poorest cities. Between 1970 and 1980, Hartford went from the 45th poorest city in the nation to 4th; New Haven from 38th to 7th.[10]

Advocates in Connecticut argued that with an increase in the percent of minority children in the population who are also poor, we could expect an increase in those problems and pathologies associated with poverty.

Advocates Promote Prevention

In the face of these demographic trends, prevention has become a more popular concept in Connecticut. In 1987 alone, Connecticut established programs to prevent dropping out, teen pregnancy and substance abuse. Advocacy groups, such as the Collaboration for Connecticut's Children and the legislative Commission for Children, have become active proponents of preventive programs. The Commission on Children recommended that children's policy in Connecticut adopt six themes: family focus, family diversity, ***primary prevention***, early identification/ intervention, equity of services and ***family support***. With regard to family support, the Commission's 1987 Report, *The Changing World of Connecticut's Children*, states:

> *Public policy must strengthen the family's ability to provide their children with opportunities that will enable them to become self-sufficient adults. Government action should foster parental participation on behalf of their children and themselves. Strategies to empower families must recognize and promote the development of family supports and utilize a mix of family and professional resources.*[11]

Despite the growth in advocacy for children in Connecticut, those responsible for the development of the PESC program indicate that their initiative was undertaken without the direct support of the children's advocates. According to Rob Keating, the director of the Division of Planning Community Development (DPCD),

"These programs [at DPCD] were planned and developed without advance constituency-building; there wasn't a broad movement behind it . . . ."

A National Trend Toward Prevention

The growing focus on prevention in Connecticut is consistent with larger trends. In recent years, at the national level, themes of prevention have been especially persuasive with lawmakers. This is especially apparent in the education and health-care sectors. As welfare and social service costs have escalated, there has been little evidence that these expenditures lead to greater self-sufficiency. Policy makers at all levels of government are beginning to reject old assumptions about social services and to consider innovative preventive approaches.

DCYS's proposal for the establishment of PESCs stated its purpose as: to initiate a "significant transformation in the development and delivery of human services." In addition to its preventive orientation, the DCYS approach was consistent with national policy that "strove to redirect the preferred locus of intervention away from institutional settings."[12] The PESCs then represent an important policy shift toward comprehensive, community-based prevention services.

Due to the state's budget surplus, 1986 was a good year to bring the PESC proposal forward. It was a relatively low-cost item that did not threaten to activate opposition. It was also a proposal that addressed the needs and interests of the legislators who were arguing for prevention. For these reasons, in the spring of 1986, when Connecticut's legislators began to consider the Governor's budget, they were increasingly responsive to proposals with a prevention thrust on behalf of children.

A Group of Policy Entrepreneurs

At the same time that an ideology of prevention was spreading, a group of entrepreneurial individuals within the Division of Planning Community Development at the DCYS began to exert influence in policy-making circles. Rob Keating, the director of DPCD, Brenda McGavren, assistant director of DPCD, Christopher Hall, Youth Services system coordinator and Laurie Docknevich, prevention coordinator, had been working collaboratively, coordinating their respective talents and channeling their energies into building a new set of prevention programs. As we shall see, each assumed leadership for a particular set of responsibilities: Keating managed external relations within state government; McGavren handled the internal details; Hall was the visionary and social planner; and Docknevich served as communicator.

The Social Development Model

The policy team at DPCD relied, for theoretical support, on the Social Development Model of Positive Youth Development, elaborated by J. David Hawkins and Joseph G. Weis. This model stresses the importance of bonding between children and their primary environment: family, school, peers and community. This bonding, argue Hawkins and Weis, is disturbed by poor family management practices, isolation and rapidly changing family structures. Although DCYS had traditionally focused on peers and community, the group now led by Keating wanted to strengthen the family component as well. The PESC program emerged as part of a larger group of proposals promoted by Hall and others at DPCD who were concerned with strengthening the child's immediate environment.

The Climate at DCYS

DCYS was among the first of the state agencies to articulate a model of prevention and systematically develop a prevention agenda. But in 1985, when the PESC initiative surfaced, it provoked a division between those in the agency who wanted to maintain high-quality treatment services and those who were pushing for more preventive services. The latter resided primarily within DPCD, while those concerned with improving the quality of the traditional, treatment-oriented services were scattered throughout the agency.

Under the leadership of Keating, the concept of prevention began to receive broader support throughout DCYS, although Keating and the prevention coordinator, Docknevich, did not limit their range of influence to DCYS. They organized cooperative ventures with other agencies and found that through this activity, and because of larger national and state influences, the concept of prevention was beginning to receive wider credibility, especially, Keating reports, at the Departments of Education and Health. As other agencies became more familiar with the Social Development Model, the Office of Policy and Management (OPM), the policy arm of the governor's budget office, strengthened its support for community-based programs for families. Keating's influence at OPM was important because he had proven himself to be a successful manager of federally sponsored programs that were administered by OPM's Justice Planning Division.[13] Over the years, he had developed a close working relationship with OPM staff.

The Origins of the PESC Program

Keating and others felt that although the climate for prevention within DCYS was uncertain, the climate outside the agency was favorable. A number of factors seemed to be particularly supportive: DCYS decided to develop a community budget package; Keating had a good working relationship with staffs at OPM and other agencies throughout the state; children's issues had achieved statewide prominence; and the state's fiscal situation had improved. All of these factors fell into alignment and "fired the imaginations" of Keating, Hall, Docknevich and McGavren. They were uniformly convinced that a prevention initiative for parents should emerge from DPCD that year and they agreed that centers for parent education would be well received. Finally, it was an election year, and although legislators would be careful not to endorse big spending, they would listen to new ideas. Keating's assessment of these factors led him to "go for it."

The policy team -- Keating, Hall, Docknevich and McGavren -- knew that it would be easier to increase funds to existing programs, but they decided on an alternative approach: to fund a variety of community-based agencies as long as they demonstrated an ability to work effectively with at-risk populations. They knew that the capacity for innovation was not confined to programs operating in existing line-agencies. Moreover, they hoped that through a competitive bidding process they could identify the best and most innovative programs outside their traditional line of command and include them in the state program. They would be open to selecting agencies outside their current administrative jurisdictions, especially if those agencies were skilled at reaching single and adolescent mothers or minority groups. The policy team wanted very much to tap into agencies, like YMCAs and community health centers, that could improve DCYS's effective penetration into minority neighborhoods.

The policy team developed the PESC initiative as an entirely new program with its own line-item on their budget for FY 1986. This was a conscious administrative decision, designed to develop a new prevention-oriented constituency and to encourage the kind of social welfare thinking that they hoped would ultimately transform Connecticut's social welfare institutions and strengthen prevention throughout the state.

Compromise within DCYS

The most hotly debated issue during the early phase of PESC program development was how broadly or narrowly to define eligibility. This issue became the focal point for debate between the two camps at DCYS: those representing treatment services (largely in the Division of Children's and Protective Services) and those who promoted prevention (primarily in DPCD). The former group believed that the proper role of the agency was to respond primarily to the needs of the existing caseload population and, therefore, to target services. Although they supported the idea of parent education and support centers and were willing to collaborate with DPCD in developing the new centers, they wanted these services to be available exclusively to their clients and felt that the needs of their existing clients defined the central mission of the agency. To those promoting the universal, primary-prevention

approach, this internal pressure threatened the basic premise of a broad-based universal prevention program.

The fact that the struggle between the two divisions did not mushroom into full-scale conflict is largely attributable to the administrative finesse of those within the DPCD. Throughout the planning period, individuals from the Division of Children's and Protective Services were represented on all relevant planning committees and incorporated into the planning process. Their concerns were expressed, and differences, primarily regarding the definition of eligibility, were reconciled. In February, 1986, a compromise proposal was submitted by DPCD that allowed special 'categories' of families to have priority in receiving services that would be available to everyone. Also, the nature and variety of services offered would be determined by the local program sites, although each site would be required to provide a core group of education and support services.

A Strategic Package

While a compromise package was being assembled, Keating was at work persuading those outside DCYS of the merits of family support centers. He spoke to groups of legislators and agency officials arguing for an increase in DCYS's budget for prevention. He met with the staff of the governor's Office of Policy and Management (OPM) to argue for the Social Development Model. Keating was a key player at this point, essential to the success of the proposal, especially because of his special connection to the OPM staff, which he had nurtured over the years.

As a result of his lobbying efforts at OPM and the good working relationship that he had previously established with the Justice Planning Division of the OPM, Keating was optimistic about his ability to obtain prevention funds for his division and so decided to submit a package of sixteen different prevention proposals, including the PESC proposal. While Keating was at work persuading those outside DCYS, McGavren was at work inside DCYS coordinating the development of this large package of community-based programs.

A key element of DPCD's strategy was the decision to present the governor's office with a package of proposals so that it would be difficult to single out the individual prevention components for denial of funds. In fact, while OPM was considering the DCYS budget, they asked Keating to divide the $5 million DPCD budget proposal into 25 separate components and to rank them in order of preference, but Keating and his team complied only minimally. Convinced that disaggregating the package would make the prevention programs vulnerable, Keating divided it into five units (not the requested twenty-five) and distributed the various prevention proposals throughout the five. This was done in the hopes that if any one part were eliminated, some prevention proposals would remain. For example, they kept the School/Home Liaison program (a twin initiative to the PESC proposal, housed within schools) separate from PESC, so that if one were lost, they would still have the other. OPM reviewed and approved four of the five units. PESC survived; when the legislature approved the budget in June, $150,000 was appropriated for the first six months.

In retrospect, Keating believes that the success of the PESC proposal is partly attributable to the "clear, succinct, and timely budget proposal" that came from the DPCD. Given the OPM's complex process of sorting through and evaluating ideas from every department in the state, the fact that DPCD presented a clear, succinct budget proposal gave them a distinct advantage. Also, DPCD's excellent track record with the Justice Planning Division generated confidence in their ideas and competence.

Implementing PESC

The PESCs were implemented by the DPCD staff in two stages. The first stage, as described above, occurred in early February 1986 when the governor's budget was being developed

by OPM. There was a general feeling that the PESC proposal would be accepted. Its advocates did not anticipate any opposition, and there was none. "All of this was very low-key, definitely not flashy," says Keating.

The second stage began during the summer of 1986 and was largely the responsibility of Brenda McGavren. Her task was to implement the new Request For Proposals (RFP) process to select programs for funding.[14] McGavren organized a protocol for the RFP process that recognized the importance of 'bottom-up' planning. She required: letters of intent; participation in a technical assistance seminar; and a two-tiered review by local and state DCYS units. Initially, the only criteria she established for choosing among the qualified sites was that they be geographically balanced -- two PESC programs were to be established in each of five regions. McGavren also sought programs with a commitment to local program design and control, though each program would have to provide a core group of services. According to Keating, "We left the fine tuning -- the programmatic fashioning -- to each of the ten sites so that their programs would match the idiosyncratic conditions of their local populations."

The notification and selection process was much more complex and time-consuming than anyone had anticipated. The strategy of developing several prevention proposals simultaneously was beneficial in the funding process, but proved to be disadvantageous at the time of implementation. The process of disseminating the RFP required significantly more time, labor and material resources than for other initiatives, given the commitment to reaching beyond DCYS line-agencies and throughout the state. Lack of computerized data-sets compounded the difficulties of this outreach effort and slowed it considerably. Once the PESC RFP was distributed, McGavren's office staff was besieged with requests from applicants for assistance in writing their proposals. They received 49 applications just for the PESC program in addition to those for the other new prevention initiatives. The office was unprepared for the enormous secretarial, technical assistance and administrative demands from the array of applicants. Most proposals were received from groups that were already working in related areas, but wished to expand to parent education and family support services. These groups ranged from school-based centers to a variety of community-based programs such as youth agencies and substance-abuse centers. Other proposals were submitted by providers in community-based programs in nearby towns who wanted to work collaboratively.

By the fall of 1986, the two-tiered review process was operating. First, local DCYS units met to review the proposals, then state-level DCYS units met to make the final selection of ten sites. The department sought to begin offering services by January, 1987.

Scope and Operation of PESCs

The purpose of the PESC program is to strengthen the capacity of parents to raise their children by providing education and support. The immediate goal is to stem the growing tide of adolescent problems prevalent in Connecticut. The PESCs are part of a DCYS plan to "impact the critical risk factors within the family environment in a preventive way." The goals are to promote positive child and adolescent development, increase community-based prevention resources to assist parents, increase community capacity to link parents to local resources, and increase technical assistance and training to schools and other agencies working with parents.

Participants

All parents with children 17 years of age and younger are eligible, with priority given to 'underserved' groups: adolescents, first-time parents, low-income and minority parents as well as those with limited proficiency in English.

Services

Centers are required to provide core services in four general areas: parent education and training; parent support; information and coordination; and technical assistance,

consultation, and training. Within these general areas, programs aim to educate and train parents on a wide range of family management and communications practices, such as setting behavioral limits, establishing rules, reinforcing desirable behaviors and communicating positively with children. The support services provide opportunities for parents to interact with peers and professionals in regular meetings, at drop-in centers and through participation in parent-child activities. In addition to providing direct assistance to families, centers provide technical assistance (i.e., resources for service providers and other professionals in the community), for example, helping teachers to foster parent-school communications or helping employers develop family-supportive working environments.

A Unique Approach to Implementation

The PESC program's approach to implementation makes it unique. The DCYS administrators consciously decided to fund local centers outside the DCYS system of child guidance clinics, even if the some of the local organizations chosen as centers were affiliated with other state agencies. They did this because they wanted to develop a new constituency around the idea of prevention and incorporate people throughout the state who had expertise in child development. In this way, they hoped they could ensure that the new program would be faithfully carried out with a prevention orientation.

Funding

Funding for the ten pilot sites, initially $15,000 per site for six months, began January 1, 1987. In June 1987 appropriations increased to $30,000 per site for the year. In May 1988 the legislature appropriated a 4.8% cost-of-living increase for the existing ten centers and provided $75,000 to fund an inner-city program in Bridgeport.

PESC Evaluation

Program administrators are uncomfortable about their responsibilities for program evaluation and feel under pressure to evaluate in order to promote and market PESCs in their communities in the future. However, they acknowledge that they are in fact obligated by their initial proposal agreement to conduct an evaluation. A few center directors expressed confusion about what kind of evaluation was expected. Some were anxious about the level of data they could reasonably hope to collect. In response to these concerns, administrators at DPCD (renamed the Division of Family Support and Community Living in March 1987) contracted with a professional evaluation team for technical assistance on evaluation design and for the implementation of an evaluation to determine who is being served and what services are being delivered.

In March 1987 an RFP was issued for the evaluation of the Parent Education Support Center Initiative with funds made available by the Federal Juvenile Justice and Delinquency Prevention Act. The initial level of evaluation funding was $28,546 for a thirteen-month period. The Juvenile Advisory Committee of the Justice Planning Division at OPM released a separate RFP that awarded $5,000 to each of three PESC centers for participation in the evaluation project.

The Human Services Development Institute at the University of Southern Maine was selected to conduct the evaluation. A major component will be the development and testing of an instrument that measures the effects of parenting programs on parent-child interaction, changes in parental attitudes and behaviors and changes in the support available from individuals and institutions involved with the family. The evaluation will also involve a cross-project assessment of the issues of accessibility, inter-agency coordination, parent involvement, the effectiveness of curricula, and outreach and delivery. Qualitative measures of program success will also be developed.

Recent Developments and Future Prospects

The PESC initiative is no longer the only state family support and education initiative in the state. In 1988, the state legislature allocated $375,000 to the Department of Human Resources (DHR) to establish three Family Resource Centers

as demonstration projects that provide both child care and family support services. In cooperation with the Department of Education, the DHR has selected three school districts -- one urban, one suburban and one rural -- as the sites for the new Family Resource Centers. Each center is designed to offer an integrated set of family support and child development services within the school building. Full-time as well as before- and after-school child care are to be provided, along with support and referral services for new parents, a Families in Training Program, teen pregnancy prevention activities, literacy and GED instruction, and training for family day-care providers. The centers are to be staffed by child development specialists and will rely upon a sliding-scale system of charges for participating parents. It is interesting to note that one of the key actors in the PESC initiative, Chris Hall, is now on the staff of DHR and has been involved in their new family support initiative.

The Families in Training Program is based upon Missouri's New Parents as Teachers Program and is supposed to provide outreach, support and education services to all interested families in each school district. The program begins in the third trimester of pregnancy and follows the child until age three. It will include developmental screening, home visits, and monthly support group meetings for participating parents. The DHR hopes to expand this program to additional school sites throughout the state. The department also hopes to establish a nationally certified and accredited training center in Connecticut to train staff for future Families in Training Program sites as they are established.

This new state initiative, sponsored by the Department of Human Resources in conjunction with the Department of Education, adds a new dimension to the family support and education effort in Connecticut. It is most interesting and deserves to be followed closely because it involves inter-agency collaboration between two state departments (Human Resources and Education) and presents a parallel effort to the PESC program initiated by DCYS. At this stage, we can only speculate about the extent to which these two initiatives are likely to compete with or complement each other.

Lessons From the PESC Experience

The experience of planning and implementing PESCs in Connecticut has provided policy planners with many important lessons. Some key lessons are the following:

1. Successful policy development required a team of strategic planners. The right people were together at the right time. Hall and McGavren were primary actors within DCYS, promoting either the ideology of prevention or, in the case of McGavren, developing the procurement plan. Keating and Docknevich were the primary actors in developing relationships with key staff at other state agencies. Keating had participated in a number of inter-agency planning groups, where he had always discussed the Social Development Model. Docknevich, too, expanded her influence, especially at the community level, by developing relationships with local DCYS program directors. Having a team of individuals, each operating within his sphere of special competence, is an invaluable asset in bringing a proposal onto the policy agenda.

2. An improved fiscal situation permitted the state Office of Policy and Management to consider new initiatives; a deteriorating fiscal situation threatens successful implementation. Even the right people with the right ideas cannot succeed with insufficient resources. The state's improved fiscal situation, indeed its budget surplus in 1986, created the opportunity for aspiring policy developers to "go for it" that year. During the implementation phase, the deteriorating fiscal situation has undermined the morale of the program in a few instances, forcing administrators to think creatively about support from the private sector. Specifically, several program directors have expressed dissatisfaction with the low levels of remuneration. In addition, a few of the current program directors have hinted they feel resentful because the new urban centers will be funded more generously than their own. These fiscal

realities have resulted in some turnover among the directors; in one year, three left, either to take a more lucrative job or to pursue further education.

3. A clear, succinct budget proposal was a key to moving the initiative forward. Administrators prefer certainty to uncertainty, clarity over ambiguity. The fact that OPM administrators could count on a clear and timely proposal from DPCD meant that the PESC proposal was received more favorably than other, perhaps equally meritorious proposals.

4. A history of cooperation and good management created confidence. Keating's history of managing programs administered by the Justice Planning Division at the Office of Policy and Management established his credibility as someone who could assume responsibility for new initiatives. That OPM would be dealing with a known and respected entity was a key factor in the success of the PESC budget proposal.

5. Time required for the notification and selection processes was underestimated. At the time the PESC and other prevention proposals were funded, DCYS lacked the manpower and technical capacity to implement them in a timely fashion. Perhaps a more detailed assessment of capacity, in anticipation of the implementation schedule, would have avoided some pressure and delay.

6. Building a coalition among child advocates at the outset might have strengthened PESC's implementation. PESCs were developed by a core set of insiders at the DPCD without building a supportive coalition among advocates and legislators. According to those at DPCD, advocates played a negligible role in the formation of the PESC initiative. Perhaps child-advocacy groups, such as the Collaboration for Connecticut's Children and the legislatively appointed Commission for Children, which have become increasingly active in state government during the 1980s, could have been brought into the planning circle. Involving them in the planning and implementation would have broadened the base of support for the program outside the agency.

7. Implementation is a political task. The directors of the local sites are dedicated, energetic and, most important, creative in the political arena. They learned at the outset what tasks and skills were essential for successful program implementation. Perhaps the most important task they faced during the initial pilot implementation phase was what they refer to as "public relations." One director spoke at length about her regrets that she hadn't devoted herself from the beginning to the political process.

> *You have to have all your ducks lined up from the start. I now understand that getting something started is a political process. Everyone: the PTA, the principals, the school committee have to be in line.. . . .*

Specifically, locating and securing adequate space is always problematic. Although some sites are not based in centers, those that are have had some difficulty securing -- and keeping -- adequate space. Several program directors reported that the popular programs they had built during the first year would have to be curtailed if additional funding or space were not made available. At one site associated with a public school, the director had nurtured a very active drop-in center in a classroom. By the end of the second year, more than 60 parents and children were attending on a regular basis. It was clear in planning for the next year that participation would have to be severely restricted unless the school authorities were willing to allocate additional space to the Parent Education Support Center. Being lodged within a public school, as one site is, does not guarantee sufficient space. Obtaining space requires clearances and approvals from multiple actors, a process that takes time and a sophisticated understanding of local school politics.

8. Bottom-up planning, especially in an environment of localism, is crucial. Given a political culture that favored local control, allowing each center to develop its own program

was a key to successful reception. For example, curricula were adopted by program directors in some regions because they were excellent recruiting devices. Nationally known and popular curricula such as, "How to Talk so Children Will Listen," "Developing Capable Young People," and "Anger Management," have been successful in drawing some parents to the PESC programs. In addition to drawing large audiences, these curricula have the advantage of being organized into six- or eight-week sessions, considered by program directors an ideal time-frame for the local sites. Another advantage is that trained group leaders are available at rates within the PESC budget. On the other hand, some directors have found that, regardless of the program, participation declines unless parents are asked to pay tuition. Free programs are often taken less seriously.

9. Creating linkages with other agencies is essential. At the local level, community agencies, such as the local public libraries, have coordinated their services with the PESC programs and vice-versa. For example, education and support groups now meet with parents during the scheduled story hours for the children, a model that has proven to be successful for several program directors. Also, as PESC evolves, it becomes clearer that additional services are necessary for the most at-risk families. Creating formal arrangements for these families to receive services from other agencies, and from other divisions within DCYS, is imperative.

In general, the usual competition among state agencies for dollars and clients prevails. The administrators at the Division of Family Support and Community Living (formerly DPCD) have been concerned about other state agencies initiating their own parent education and support centers and competing for funds and the same clientele. According to Keating, "Family support and prevention are hot topics," and because so many new initiatives are springing up, the most immediate concern is how to make clear the distinctions among programs while at the same time seeking to coordinate them. Future research will explore this question of inter-agency competition and coordination.

10. Establishing the distinction between prevention and treatment services is a continual process. PESC program directors continually question whether alliances with organizations known for providing treatment services are justified under their prevention grant. At a recent meeting of program directors, Keating and Hall were asked to set guidelines for working with groups such as Tough Love (known for their crisis intervention orientation). They decided that it is appropriate for PESCs to work *with* such groups, although it is not appropriate for PESCs to *start* a group that espouses a crisis intervention approach.

Implementing the PESC program at the local sites involved making careful distinctions between providing primary and tertiary care. These issues become more poignant after families have been receiving services in the program and request a continuation, or more intensive commitment, from the PESCs. Program directors express concern that the extended needs of some participants for a more intensive level of services are incompatible with a prevention setting. In addition, they fear that by responding to the expressed desire by some participants for a continuation, or more intense level of services, they are fostering a new dependency. Most program directors agree that rather than extending PESC's sessions, they will encourage participants to form independent groups. In this way, the primary and tertiary-care efforts remain separate.

Conclusions

The PESC initiative was developed in a favorable political and fiscal environment by a small group of proactive administrators. The combined work of Keating, Hall, Docknevich and McGavren is a testimony to the important role in policy initiation that key members of the state bureaucracy who possess the vision and the skills to promote innovative new programs can play.

Although their personal skills were extremely important in the development of the PESC initiative, a critical factor appears to have been the combination of their separate and complementary talents within an effective team effort.

Because the Parent Education Support Center program has been operating for so short a time, it is too early to evaluate its implementation. We do have some clues from our discussions with administrators, however, about the challenges they face. The first, and perhaps the most important challenge, is to build a larger, statewide coalition of support for the PESC program. The second is to generate new sources of financial support from both the public and private sectors. If preventive programming is to progress, much more capital will have to be invested. The third challenge is to define the boundaries of agency jurisdictions, and develop cooperative linkages among the different agencies offering prevention programs as well as between the prevention programs and services that emphasize more intensive crisis intervention. If these challenges are met, Connecticut will move closer to the attainment of an integrated family support delivery system that offers a continuum of services -- from primary prevention to intensive crisis intervention.

MARYLAND

The Maryland Department of Human Resources (DHR) is in the forefront of state human service agencies in providing support and education to adolescent parents and their families. New prevention-oriented programs began to emerge in 1984 in response to alarming statistics on the increasing incidence of child abuse and its association with adolescent pregnancy and parenting. Caseloads were increasingly dominated by teenage parents and, given the known consequences of teen parenting -- abused and emotionally disturbed children -- administrators at DHR saw a grim future for social services agencies: a future of chronic failure to meet rapidly proliferating demands. In less than one year, a remarkable team of policy entrepreneurs -- child advocates and personnel at Maryland's Department of Human Resources -- generated and coordinated the necessary resources to launch a primary prevention program for families and children in Maryland, the Family Support Centers (FSCs).

In 1985, the Department of Human Resources allocated $297,000 to establish four community-based drop-in centers. State funding was augmented by a $100,000 grant from the Goldseker and Straus Foundations and by other public and private sources of support. By FY 1989, only four years later, the Family Support Centers will have expanded to eleven centers with a total budget of over $2 million, providing services to more than 3,000 individuals.

The Maryland Context

Although Maryland had established orphanages as early as 1654, it had a relatively undistinguished record of meeting the increasingly complex needs of children in recent decades. The state's prevailing ethos of fiscal conservatism allowed for little substantive action for children and young families, in spite of the state's small but active pro-family constituency.[1] Maryland is one of the richest states, ranking sixth in per capita income; but it ranks twenty-sixth in welfare assistance. A state task force report observed that "The prosperity and progressivism of the state of Maryland are not reflected in the high incidence of teen pregnancy and low-level public and private response."[2] One respondent described the situation in these words:

> *If you look at per capita income, then you should say that Maryland is not doing what it should for its children. In a fiscally conservative milieu, children never fare well.*

However, services for children began to improve during the administration of Governor Harry Hughes, who directed a special Commission on Children and Youth in 1985, and declared 1986 the "Year of the Child," asking legislators to invest more earnestly in the state's children.

The profound demographic changes that have occurred in Maryland over the past two decades created a situation that even fiscal conservatives had difficulty ignoring. The massive out-migration of (largely affluent) whites from Baltimore City since 1960 has had serious implications, not only for the economic well-being of the city but for the well-being of the entire state. The urban population has become increasingly dominated by poor blacks, with rising numbers of school drop-outs and high rates of illiteracy and unemployment. This situation has

become exacerbated by dramatic increases in adolescent pregnancy and childbearing and single-parent families. By the mid '80s, state policy planners and economists began to fear that unless state authorities took more aggressive action to reverse these trends, Baltimore would drag Maryland into an inexorable spiral of decline. For this reason, much of the emphasis in recent debates about the state's well-being has focused on the situation in Baltimore City. Although Governor Hughes's highest priority was the revitalization of Baltimore, it was increasingly clear to him that if he were to build a firmer economic base in Maryland, he must first address what Peter Szanton referred to as the "rot beneath the glitter."

In *Baltimore 2000: A Choice of Futures*, a report commissioned by the Goldseker Foundation, author and urban affairs consultant Peter L. Szanton describes Baltimore as a city where the physical renaissance, the architectural "glitter" of rehabilitation, belies the reality of its economic decline.[3] Citing the profound demographic, economic and social transformation of Baltimore City in the recent quarter-century, Szanton argues that without an active program to educate Baltimore's youth, the economy of the entire state will deteriorate. Specifically, Szanton describes the dimensions of the changes in Baltimore City's racial composition, labor structure, and labor-force participation.[4] Manufacturing jobs for blue-collar workers in the steel and shipbuilding industries fell by 9% between 1960 and 1985, and continue to decline. Also, labor-force participation rates are significantly below that of the region -- only slightly more than half the population works.[5] Says Szanton,

> *. . . many city residents are without work not because of any absolute shortage of jobs, but because their skills or attitudes are not as attractive to employers as those of residents of surrounding counties; or because they have given up seeking work.*[6]

Declining labor-force participation in Baltimore offers a powerful affirmation of what many already know: the population is increasingly unskilled and illiterate. Public school enrollment dropped by almost half between 1969 and 1985, and more than 15% of Baltimore City students drop out each year. Only 64.5% of Baltimore's 9th graders graduate four years later, compared to 80% statewide. Moreover, a vacuum of leadership and influence within Baltimore's black community, says Szanton, has created a situation that offers little hope of stemming the tide of an increasingly poor and uneducated populace.

In this context, pregnancy and childbearing among Maryland's teenagers is particularly worrisome. Data on births to teenagers indicate that out-of-wedlock births to women, including teenagers, are much higher in Maryland than elsewhere in the U.S. In 1984, 21% of all births in the U.S. were to unmarried women, whereas in Maryland the figure was 29%. In 1982, Maryland ranked fourth nationally (behind the District of Columbia, New Jersey and New York) in births to unmarried teens.[7] Also, the out-of-wedlock birth rate has increased dramatically since 1970, far outstripping the growth nationally. Szanton reports that in some neighborhoods the percentage of out-of-wedlock births among blacks exceeds 95%.[8] Pregnancy and childbearing among unmarried adolescents is panuemic in Baltimore City, where the incidence of teen parenting is higher than in any other American city of comparable size. Repeat pregnancies are also occurring at a high rate. A Johns Hopkins study in 1983 found that almost 25% of all teen mothers (in Baltimore City) are pregnant again within twelve months after delivery.[9] Since poor black mothers disproportionately keep their babies after delivery, the children born in Baltimore City are increasingly without sources of financial and social support.

Preventing unwanted pregnancies has been made more difficult because of the well organized right-to-life organizations in Maryland: Maryland Right to Life, Concerned Women of America, Family Protection Lobby, and Maryland Moral Majority. Their political activity at the statehouse has resulted in substantial opposition not only to

publicly funded abortions but also to family-planning programs. In this context, says one advocate for children, "Political organization on behalf of families requires one to separate the more radical right-to-lifers from the moderates, and strategic effort is required to circumvent their influence."

The Advocates

By the early 1980s, the Maryland Committee for Children (MCC), originally formed to lobby for day care, began to express interest in reformulating social services for Maryland's children. MCC has worked with the DHR on a variety of child advocacy issues and has received Title XX funds since 1976 to train family day care providers. Under the leadership of its executive director, Sandra Skolnik, MCC has expanded its scope to include a variety of family-related issues. In 1986 MCC lobbied for 23 different bills before the Maryland legislature on issues ranging from child abuse prevention to the regulation of day care.

Largely because of the leadership of Skolnik, and the dedication and beneficence of its president, Terese Lansburgh, MCC has achieved prominence even beyond Maryland for its commitment to children's issues. Skolnik became a well known and respected figure in the state capital during her many years of advocacy for day care. She is known to remain at the state capitol late into the night to monitor subcommittee proceedings. Although Maryland does not have a long tradition of services for children, Skolnik has a positive attitude: "Change and advocacy are doable, so long as one is sophisticated and thorough."

Lansburgh, too, is well known in Maryland's political and social circles. She was active for many years in promoting infant health and development through the Center for Clinical Infant Studies and has used her substantial philanthropic capability for the benefit of Maryland's children. As a member of the National Democratic Finance Committee, Lansburgh hosts innumerable fundraising events to promote day care and child welfare initiatives. Together, Skolnik and Lansburgh have made MCC one of the most influential and well connected lobbies in Maryland. In fact, while not literally true, one DHR official said the Maryland Committee for Children is the "only advocacy group in town."

The Philanthropists

Despite some outstanding examples of philanthropy -- the Johns Hopkins Hospital, the Enoch Pratt Library, and the Joseph Meyer Concert Hall -- there has not been a well-developed philanthropic culture in Maryland, and private foundations are few. Nevertheless, two foundations came together to join the state in developing the Family Support Center initiative: the Morris Goldseker and the Aaron and Lillie Straus Foundations. The Goldseker Foundation is small by current national standards, with assets of less than $40 million. The Straus Foundation, founded in 1926, is older and smaller than Goldseker.

Until its involvement with the DHR, the Straus Foundation did not have a history of working with government, although it had a long history of supporting the MCC and various initiatives for children. Under its executive director, Jan Rivitz, Straus had always been willing to fund innovative activist organizations. According to one advocate, "One can always count on Rivitz at Straus to 'be there' for children." Also, unlike many foundations, it did not have a charter clause to prohibit public-private collaborations. Therefore, when Rivitz was looking to engage Straus in a partnership with a state agency in the early 1980s, there were no formal legal obstacles. Having observed that many joint ventures fail because the public sector is insufficiently committed, and that projects tend to wither after the private donor withdraws financial backing, Rivitz was eager to collaborate with a state agency, so long as programs were jointly developed at the outset. She felt it was strategically advantageous to establish state involvement and "ownership," rather than privately initiating an ambitious program in the hope that the state would later offer support.

Unlike Straus, the Goldseker Foundation had never sponsored human services programs. Morris Goldseker, its founder, focused his philanthropic activity on economic development and neighborhood projects. In the decade since 1976, the foundation had awarded $9.3 million in grants but had steadfastly avoided funding any projects in the human services. This is largely because Goldseker's executive director, Timothy Armbruster, believed that human services were too 'soft,' involved too much money, and were difficult to evaluate. Armbruster avoided collaboration with public agencies because the partnerships are inevitably unsuccessful: "Public agencies typically have their own policy agenda."[10] However, all of this changed in 1985.

Despite the fact that the Goldseker mission and experience has been primarily in community and economic development, Armbruster convinced the Goldseker board to contribute funds to the Family Support Centers because of his respect for the key state officials involved and the genuine private/public partnership nature of the FSC program. Moreover, the innovative nature of the program fit the Goldseker Foundation's criterion of doing things other foundations do not do.

The Legislators

The Maryland legislature meets three months each year, beginning in January, to consider both authorization and appropriations as well as to approve the Governor's budget (Governor's Allowance) for the fiscal year. The budget, according to Maryland's constitution, requires that expenditures not exceed revenue, and is a yearly source of controversy, predictably dividing the legislature. State Medicaid funding for abortions invariably emerges as an especially hot issue. During the two legislative sessions before the Family Support Center proposal was on the floor, pro-choice and pro-life supporters had failed to put together a coalition, thereby succeeding in blocking each other's legislation. Legislators hoped to avoid repeating this experience during the 1986 session as they prepared to face their constituents in the fall election.

The Department of Human Resources

While abortion was the reigning issue at the statehouse, adolescent pregnancy and child abuse were the focus of attention at the DHR. An $18-million lawsuit had been filed by the Maryland Legal Assistance Project, a social welfare advocacy group, charging that the DHR had failed to protect children from abuse and neglect. Although the lawsuit itself was apparently never a driving force for the creation of the Family Support Center initiative, personnel at the DHR were nevertheless worried about the steady increase in the documented cases of child abuse. They openly discussed the association between the increased incidence of abuse and neglect and the rise in single-parent families. One official recalled, "What struck all of us was the statistic that the children who fare best are those with two parents." Some DHR officials and advocates believed that meeting the needs of single-parent families would require more comprehensive services than those traditionally offered. Others envisioned an "empowerment" model that would build on strengths to improve the competence of young parents without focusing, as does traditional social work, on deficits. Although this group envisioned a variety of approaches, they agreed that the traditional casework approach was inadequate.

The History of the Family Support Centers

The history of the FSC initiative dates back to the day in 1983 when Frank Farrow arrived in Maryland from Chicago. Having been impressed with the Family Focus model, Ounce of Prevention, which was inspired and initiated by Bernice Weissbourd in a middle-income neighborhood of Chicago, Farrow was eager to attempt a similar approach in a low-income urban context. When the Secretary of the Department of Human Resources, Ruth Massinga, asked him to leave his graduate studies at the University of Chicago and accept a position as undersecretary, reporting directly to her, Farrow saw this as the opportunity he was waiting for. As executive director of the Social Services Administration (SSA), Farrow had jurisdiction over child welfare,

protective services, adoption, single parents, foster care and day care.

As a "think-tanker and a networker," Farrow quickly gained respect within his circle of reformers and advocates.

> *Those who came to know Farrow considered him an anomaly in state government. There was a sense among social movers that people with talent and vision didn't hang out in state government, especially in Maryland where the history of many state agencies has been abysmal.*

According to those who observe him closely, Farrow always carries a vision of the possible. He inspires his colleagues with the possibilities of joint action. Shortly after his appointment, Farrow was collaborating with all the significant child welfare advocates in the state in developing a model of family support and education that was based on his understanding of the Family Focus model in Illinois.

Rosalie Streett was one person Farrow met with in 1984 to discuss Maryland's child welfare problems. Streett was well known as the director of the Community Adolescent Health Centers under the joint auspices of Johns Hopkins University and the Baltimore Public Schools. She was an experienced administrator of programs providing health and parent education services to teenagers. In addition, Streett was an effective communicator with young people, delivering a dual message that teenage sex is inappropriate, but that contraceptives must be available. This dual message ultimately made Streett's arguments palatable to both liberals and conservatives in the Maryland legislature.

Sandra Skolnik was another key participant in early discussions about adopting the Family Focus model in Maryland. Farrow brought together Streett and Skolnik, who had worked together for years as friends and colleagues, Rivitz from Straus, and Frank Sullivan, Director of Day Care and Special Programs within the SSA. The group's purpose was vaguely defined at the beginning; although they met to brainstorm about what needed to be done on behalf of children, "We all knew that we were looking to create an adaptation of Family Focus." Streett recalls,

> *We were already committed to prevention, but we had much to sort out philosophically. We addressed such questions as, "What is a family?"; "What do families need?"; and, "How does one achieve healthy development in children?" These issues seem so simple, but they needed to be hammered out.*

After four or five meetings, Rivitz, Skolnik, Streett, Sullivan, and Farrow agreed on the most fundamental and basic ingredients of child development: love, attention, and extended family supports.

> *The question was always: How do we make life better for young children? How can we provide more opportunities, pave the way for a good future?*

Eventually they agreed on a prevention strategy, eschewing a deficit model and pursuing one to strengthen families. Although they had some differences, they affirmed some basic and traditional principles: "Every baby needs a mother, a father, and extended family supports. If these sources of support are not available, then the question becomes: How can the community provide them?" A Maryland legislator, Barbara Hoffman, summarized the problem and the solution succinctly:

> *The important thing that the centers should provide is attention. These young women failed to get the proper attention as they were growing up. Now Maryland is sponsoring a program that will try to give them the attention they missed, and to teach them how to provide it for their own children.*

The small group -- Farrow, Rivitz, Skolnik, Streett, and Sullivan, now a planning team -- felt strongly that prevention services would best be provided outside the traditional human services agencies, in local community settings: churches, community centers, housing projects, and schools.

Although they knew from the outset that new services would be administered from the DHR, they did not agree on who should be eligible to receive them. This issue was problematic. Should services be universal or targeted? Although the planning group preferred to define eligibility broadly, they anticipated difficulty persuading legislators and administrators at the DHR that services should be applied universally. Farrow argued that the program should target services to teens, but others on the team preferred to provide services universally on the grounds that they would have difficulty identifying *a priori* those at risk. They all agreed, however, that the program's primary objective was to reduce the incidence of teen pregnancy and parenting. Streett summarized the consensual understanding:

> *All centers should have a pregnancy prevention component because it is not good for adolescents to be parents, and it is not good for babies to have adolescent parents.*

After several brainstorming sessions with Streett, Skolnik and others, Farrow indicated he was ready to submit a proposal to Secretary Massinga to create a line item on the Governor's budget for a family support center program. However, for Massinga, the family support center idea could not be a high priority, given the multiple demands for protective services' staff, foster care resources, day care, and intensive family services for families in crisis. Although she found the newly articulated *vision* of prevention to be attractive, the proposal itself did not respond in a tangible way to the immediate demands on her agency. The task of persuading Massinga was made more difficult by the fact that existing written material on family support was scanty and "spiritual" as opposed to empirical or analytical. Moreover, she was concerned that even if the notion of family support were advanced from the agency, it would receive close, perhaps fatal, scrutiny from the state budget bureau (OMB) and the legislature. Despite her skepticism, Massinga remained open to the concept.

Convincing the Foundations

Farrow's proposal met with more enthusiasm when he discussed it with Rivitz, a key player from the beginning. Eliciting enthusiasm from Armbruster at Goldseker, however, proved to be a challenge, at least initially. When Farrow approached Armbruster about the family support center idea, he did not receive a favorable response. But Farrow pushed the idea that the collaboration of private foundations with the DHR would be more symbolic than financial; it would lend credibility and status to the venture. Farrow also persuaded Armbruster that the impact of the programs would be impressive beyond the dollars invested, largely because very capable individuals would administer the centers. Armbruster responded positively to leveraging other private-sector funding for the project; if he could have an impact on policy with a contribution of only $50,000 per year, he would make that contribution. More importantly, he had confidence in Farrow and Streett, and would "put dollars behind them anytime, anywhere." On a less practical, more theoretical level, Armbruster liked the idea of developing a new concept at the "front end" without worrying about the implementation or subsequent evaluation, a task he hoped the public sector would assume later. Despite his previous long-standing reservations about investing in human services programs, and despite his reluctance to collaborate with state agencies, Armbruster committed $150,000 of Goldseker's funds for a three-year period, a commitment that represented a fundamental departure from his foundation's traditional focus.

Convincing SSA

While Farrow was generating support from foundation executives, he also continued discussions with Frank Sullivan, who would be likely to administer the new prevention initiative

at SSA. Sullivan was skeptical about the concept and often expressed his reservations. He had two fundamental objections: first, he worried that a large-scale prevention initiative was unrealistic within a human services context; second, he felt the family support center proposal lacked a programmatic core. The latter problem, he feared, would cause the program to fail the test of public scrutiny at the statehouse. Hoping to pique Sullivan's interest, Farrow sent him to observe Family Focus in Illinois, but the strategy backfired. When Sullivan returned, he was even more skeptical. During his trip, he had learned about tremendous political opposition to Family Focus from pro-life groups in southern Illinois. He warned Farrow that such groups in Maryland could provide similar formidable opposition. Farrow shared some of Sullivan's concerns:

> *Sullivan was a good enough bureaucrat to know that there were big differences between Maryland and Illinois. For one, money was soft [that is, from non-government sources] in Illinois, and Family Focus didn't need to worry about justifying its approach to a broader political audience. In Maryland, he knew, on state money, outcomes would be measured and evaluated.*

Farrow knew that if the family support proposal were to succeed, significant groundwork would need to be done within the agency to build administrative capacity. There was "serious negative" sentiment among the professional social workers about the issue of purchasing services outside the agency, and since family support might involve securing services from other agencies, some reorganization at DHR would be necessary. Furthermore, the individuals within the SSA at that time were not amenable to initiating or managing a prevention program; a new family unit would have to be created. At this time, the idea of creating a separate administrative entity outside the agency may have been considered but was not yet seen as essential. Still, Farrow wanted nothing left to happenstance; he began to restructure the SSA units, separating family and adult services from the rest of the units, in anticipation of later management reorganization.

At the same time, Farrow focused substantial energy on orchestrating two streams of political activity: an advocacy stream and a state government stream. The objective of both was to shepherd the family support center proposal through the Governor's budget process and then secure legislative approval. Working closely with Secretary Massinga and James Traglia, the deputy secretary, Farrow was the principal architect of the state government stream; Skolnik of the MCC was the architect of the advocacy stream. Both streams of activity were aimed toward securing the Governor's support for a line item in the budget that would allow DHR to begin family support services.

The Government Stream

Farrow's immediate task was to influence state commission processes sufficiently so that prevention programming for families would emerge as a key recommendation. The environment was ripe; several commissions were in process simultaneously; one commission, the Maryland Task Force on Teen Pregnancy, had explored the causes of the teen-pregnancy epidemic, identified gaps in services, and issued twenty-three recommendations. One among them was "to promote positive parenting and to develop and implement parenting education programs for parents of all ages."[11] Meanwhile, during the spring of 1984, Governor Hughes convened a retreat to discuss new social welfare initiatives with his cabinet officials.

As a result of these discussions, the Governor created a Commission on Children and Youth (CC&Y), representing the Governor's staff and a liaison from each state agency dealing with children -- Education, Human Resources, and Health and Mental Hygiene. Secretary Massinga appointed Frank Farrow and Dale Balfour, DHR's legislative liaison, to represent the DHR. This appointment provided Farrow his first opportunity to put the family support proposal on the Governor's agenda. The group met for five

months between July and November, 1984. Although it lacked coherent leadership, it was critical to the development of the Family Support Centers because its recommendations put pressure on the OMB to address children's issues in a particular framework. One of the Commission's final recommendations was the creation of Family Support Centers that "will serve as hubs for comprehensive networks of other services for young parents, (like the). . .Ounce of Prevention and Family Focus programs in Illinois."[12]

Although Farrow realized that the family support concept could be marketed to address several problems -- child abuse, child development, or teen pregnancy -- he made a pivotal decision while serving on the Governor's Commission to emphasize the teenage pregnancy issue. His instincts suggested that a program directing services specifically to parenting teenagers would meet with broad acceptance at the DHR, at the various agencies and, more importantly, at the legislature. By emphasizing the public costs of adolescent pregnancy and parenthood -- higher rates of public assistance, increases in child protective services, foster care, remedial education and health care for developmentally impaired children -- Farrow was able to persuade officials at the Departments of Education, Human Resources, and Health and Mental Hygiene that prevention programs for teenage parents were a high priority.

While Farrow was influencing the CC & Y process, the DHR was submitting its yearly budget requests to its toughest audience: the OMB, which makes recommendations for the Governor's Allowance. Farrow knew that securing a sufficiently large budget request for all of the DHR's new initiatives would maximize the chances that Massinga would approve the Family Support Center proposal. Although Massinga was not pressing OMB hard on behalf of the proposal, Farrow's facility for protecting the larger DHR budget in Annapolis gave added weight to his efforts. Perhaps what eventually persuaded Massinga was Farrow's decision to target the Family Support Center model to teen parents, her special concern.

The Advocacy Stream

While Farrow was actively involved with the Commission and the OMB processes, Skolnik was churning the waters in the advocacy stream, where she mobilized not only bureaucrats at OMB but also the Governor himself, along with other influential individuals throughout Maryland. Skolnik brought Lansburgh, President of MCC, into the discussions about the Family Support Center concept. Mary Robinson, an important leader of Maryland's black community, a member of the Bethel AME Church and founder of the Martin Luther King Child Development Center, was recruited as well. Among Robinson's many contributions to the program's evolution was her insistence that programs be community-based, directed and administered by individuals indigenous to neighborhoods.

Skolnik asked Lansburgh to host a series of small dinner meetings in late 1984 to broaden the scope of the debate and to recruit a larger group of supporters. In addition to representatives of community organizations that were committed to the well-being of Maryland's families, three types of advocacy groups were represented: experts in child development, adolescent pregnancy, and child abuse. Jan Rivitz of the Straus Foundation, Buzzy Hettleman, former secretary of the DHR, and Charles Shubin, a pediatrician and chairman of the Governor's Task Force on Child Abuse and Neglect, were included, along with Elaine Born, president of the Junior League, and Al Karahassen, director of Mental Health Services for the Department of Health and Mental Hygiene. Discussions at the meetings focused on formulating a specific program model and on devising a political strategy to place the initiative on the Governor's budget.

Skolnik and Lansburgh organized subsequent events to broaden the coalition and build legislative support. Barbara Hoffman, a state senator who eventually made the first legislative inroads, was included, as were Armbruster and Rivitz, who were by now already part of the inner circle. Nationally known child development experts also attended. Videos from

the Regional Center for Infants and Children were presented to demonstrate the effectiveness of remediating impairments in young children by working with their parents. Lively, intense, and productive discussions about the family support model ensued, and many individuals contributed to the development of the model. For example, Hettleman urged the development of an evaluation plan; Robinson, the grounding of the program in community organizations.

The Catholic Allies

While the advocates at the parlor meetings were refining the model and building support for the initiative, Skolnik continued to mobilize specific constituencies on behalf of the proposal. Richard Dowling, executive director of the Maryland Catholic Conference, was one whose support was vital. The Maryland Catholic Conference, a lobby representing pastoral interests of the nine bishops in the Washington D.C and Baltimore archdioceses, was known for consistently taking liberal positions on a variety of social welfare issues while avoiding controversial family-planning issues.[13] Dowling came to believe strongly in the family support proposal for two reasons: it was a way of responding directly to the needs of the disadvantaged; and it provided an alternative to abortion.

Dowling made several personal visits to Governor Hughes, mentioning his support. Likewise, at the suggestion of Skolnik, other child welfare advocates met with the Governor to endorse the Family Support Center idea. Armbruster, too, used his influence with Governor Hughes. He emphasized that "The corporate world was interested in pushing an extraordinary partnership with the state to begin a family support initiative." Several children's advocacy groups were also represented in the parade of visitors to the Governor: Maryland Council on Adolescent Pregnancy (MDCAP), Baltimore City Council on Adolescent Pregnancy (BCCAP) and the National Association for the Education of Young Children (NAEYC). Skolnik used her carefully planned once-a-year meeting with the Governor in December for a "last crack" before budget formulation to promote the Family Support Centers. Noticeably absent from this mobilization effort, however, was Maryland's education establishment.

The Legislature Approves Once . . .

By January 1985, in response to repeated indications of interest by Armbruster, Dowling, Lansburgh and others, the Governor made the Family Support Center proposal part of his budget recommendation to the General Assembly. The next objective was to convince the delegates and senators to approve the budget. Toward this end, Skolnik organized testimony at budget sub-committee hearings during January and February, 1985. A British nurse and an American social worker provided effective testimony on the British experience with family support and on the need for centers, especially in Baltimore. Farrow, Skolnik and Lansburgh testified, arguing that remediation had failed and that families needed to be strengthened within a center-based prevention program.

The rapid approval of the proposal can be explained by the work of the politically adroit twosome Skolnik and Streett. Having been advocates for so long, they were well known among the legislators; virtually 100% of the legislators knew at least one of them. Right-to-lifers knew about Streett's work at Johns Hopkins and her record in reducing pregnancy rates. Also, the two are politically sophisticated: "The key," says Streett, "is knowing how the system works and mobilizing advocates who already work well together."

During the three-month legislative session, Streett and Skolnik talked to legislators personally on a variety of issues, never ignoring the more conservative right-to-life legislators. By including conservatives in the dialogue they eventually earned their support.

> *We were successful because we talked to the moderate right-to-life legislators -- those the liberals always ignore. We told them, "We*

have the program you have always wanted: a program to strengthen the family."

The fact that they were not advocating the usual government-sponsored program, but offered instead a joint public-private venture, was critical. Moreover, services were to be designed, not from the top, as usual, but from the community. Says Streett, "The plan was to contract with community groups and agencies and let them do what they wanted to do rather than to impose something from the top." By giving local agencies a degree of independence in molding their program, various approaches and models could later be tested for effectiveness.

The budget subcommittee and then the larger budget committee bought the idea. In April, the Maryland General Assembly approved a line item of $297,000 to fund the first four family support centers.

The Legislature Approves Twice . . .

Before the centers opened, however, Farrow, Skolnik and Streett realized that the $297,000 state allocation was insufficient to implement the proposal, and they approached legislators for an immediate increase. It seemed their task would be easier the second time because the original advocates were now joined by additional lobbyists: the newly hired directors and personnel of the four selected sites. Again, Dowling testified to solidify the odd coalition of liberals and moderate Catholics.

This time two leaders from the House, Tim Maloney and Sandy Rosenberg, and two leaders from the Senate, Francis X. Kelly and Catherine Riley, collaborated on a letter to the Governor, urging increased funding for the Family Support Centers. Of the General Assembly's 185 members, 135 expressed their support in a letter of December 17, 1985 for a family support center program as an alternative to abortion. The signers included a rare cross-section of right-to-life and pro-choice legislators, including the moderate Catholic anti-abortion group that had previously opposed all family intervention measures.

In response, however, the anti-abortion constituency, led by Jim Wright and the Family Protection Lobby, vigorously campaigned against the proposal. They distributed a response to the December 17 letter, denouncing the proposal and its supporters in the legislature, Delegate Maloney and Senator Kelly. Wright accused the coalition of promoting the belief that "The best way to stop teen pregnancy is to teach kids how to have sex without becoming pregnant." [14]

Delegate Maloney and Senator Kelly received substantial criticism from some of their constituents for endorsing the family support proposal, but the Wright campaign ultimately failed because the charges were false or, at best, exaggerated. The Family Protection Lobby's tactics backfired; the proposal to increase the budget passed in March, 1986, and the family support program quickly achieved prominence as one that had managed to capture the middle ground.

In Retrospect . . .

It is clear that the two streams of political engagement aimed at securing the Governor's attention -- one focusing on the commissions and agencies and the other at building a broad coalition of advocates -- were essential to its success. Had the proposal been merely another new initiative in the regular budget process, it might well have failed, edged out by other priorities. What kept it alive were the attacks on multiple fronts: the government stream, especially the Commission on Children and Youth process, where the Family Support Center concept emerged as a high priority; and the advocacy stream, where individuals pressed the Governor directly. Everyone who had clout with the Governor inside Maryland -- Lansburgh, Rivitz, Skolnik, Shubin, Armbruster, and Dowling -- and some from outside Maryland, most notably Bernice Weissbourd, participated in making the Family Support Center program a top priority during the winter of 1985. Finally, the attacks by the Family

Protection Lobby, widely perceived as unfair, generated new supporters, especially from among those delegates and senators who wanted to see the annual budgetary confrontations put to rest.

The Scope and Operation of the FSCs

Since 1986, the Family Support Centers (FSCs) have functioned as community-based centers offering support and educational services to 1) prevent unwanted pregnancies among adolescents; 2) assist adolescent parents to become better parents; 3) assure the healthy growth and development of children of adolescent parents; and 4) help adolescent parents remain in the mainstream by completing school and preparing for employment.

Auspices

As described above, the Family Support Center initiative was originally jointly sponsored by the Maryland DHR, the Straus and Goldseker Foundations, and other private contributors.

The Family Support Center program is jointly administered by the Social Services Administration of the Maryland Department of Human Resources and the participating private foundations under an agreement entered into by all the parties. This agreement specifies that all decisions on funding priorities, financing strategies, program development and evaluation will be made jointly by the participating parties. An advisory board composed of community leaders, legislators, state officials and professionals provides guidance for this effort. There is also a Board of Directors that provides general direction and oversight for Friends of the Family, the non-profit corporation established by DHR and the foundations to oversee the development of the Family Support Centers.

The Executive Director of Friends of the Family is Rosalie Streett, who now heads an administrative and technical assistance staff of less than 10 individuals. The DHR program manager responsible for the FSC program is Casandra Fallin, who supervises the state funds allocated to the centers as well as other state initiatives. The DHR issues the RFPs for grants to operate the centers. Friends of the Family coordinates the review panel, composed of outside experts, that reviews the grant applications and makes recommendations to the DHR. However, the DHR leaves the responsibility of monitoring, training, coordination, evaluation and technical support of the FSCs to Friends of the Family. The latter is also engaged in fund-raising, public relations, and advocacy on behalf of the centers.

Services

Each center was expected to provide a core set of services:

1. parent education and skill development;
2. health care, family planning, counseling and other services to avoid unwanted pregnancies;
3. diagnostic and assessment services to identify developmental problems of the parent or the child;
4. temporary child care;
5. peer support activities, including recreational and social activities;
6. educational services, such as GED and post-high school classes; and
7. job preparation and skills and development, to help young parents prepare for, secure, or maintain employment.[15]

Initially there were four centers: The Family Connection, in a low-income suburban area, administered by the local Catholic Charities organization; The Parenting Place, located in an Annapolis community action agency; and two in Baltimore, T-PEP (Teen Parenting Enrichment Program) at the Bethel AME church, and the Waverly Family Center, in a local community center. Later, a second group was selected: The Freedom Center, in a local community center in Baltimore; Our House, affiliated with the Baltimore Housing Authority; the Dorchester Family Support Center, affiliated with the Dorchester County Board of Education; the Emmitsburg Family Support Center, the second in a Catholic Charities center; and the Elkton

Center, at a community college. In 1988, both the Freedom Center and the Family Connection were closed. An additional center was slated to open in the fall of 1988, to bring the total number of centers to seven by the end of the year. Another four centers will be opened during FY 1989.

Funding

During FY 1985, the four centers were financed by a combination of state funds ($300,000) and grants from the Straus and Goldseker Foundations ($50,000 each) for a total of $400,000. A federal grant of $75,000 from the National Commission on Child Abuse and Neglect facilitated expansion of the centers in the second year. With a doubling of assistance from the state to over $600,000 in the second year (FY 1986), the total state, federal and local foundation support increased to nearly $1 million. In 1987, Friends of the Family acquired grant funding from the Ford, Public Welfare, and Marion and Henry Knott Foundations. By FY 1989, a combination of state and foundation assistance brought the total budget for both Friends of the Family and the centers to just over $2 million. A major new source of support from the Annie E. Casey Foundation, amounting to $7.5 million over a five-year period, has recently been announced, making the Family Support Centers a showcase of that foundation's efforts in the social welfare area.

Participants

Teen parents and their partners and relatives are eligible to participate in the family support centers. In the first year of operation, the four centers served over 1,000 individuals, including children, parents, other teens, and grandparents. In that year, according to Streett, not one additional pregnancy was reported. By 1988, the centers had served over 3,000 individuals.

Evaluation

Friends of the Family has developed a strategy for evaluating the Family Support Centers that has involved working closely with the staff of the centers in the development of effective means of data collection that serve both the purposes of evaluation as well as program management. At the outset, an outside evaluator was contracted to study the original centers over a two-year period. The results of this evaluation provided information on participant characteristics and service utilization patterns, as well as program variation between the different centers. Since the original evaluation, Friends of the Family has worked closely with the various centers to develop a computerized management information system that assesses participant progress and provides information on program effectiveness which is useful for both monitoring local operations as well as convincing legislators and other policymakers that the program should receive continued financial support.

Implementing the Family Support Centers

In response to Requests for Proposals (RFPs) sent out by Frank Sullivan in July, 1985, to community organizations that might serve as sites for the centers, thirty applications were received. Four were selected to begin pilot programs in January, 1986. Three of these pilots were targeted to low-income adolescent parents; in one pilot site, the Waverly Family Center, all parents of young children were eligible to participate.

A decision of major importance was made during a series of administrative planning sessions in which Armbruster, Rivitz, Farrow, Sullivan and Streett were key participants. They concluded that successful implementation and management of the centers could not be achieved with oversight from so many directions (i.e., multiple private foundations and a state agency). In addition to the problem of having so many actors in the oversight process, there was still the problem of resistance at the DHR to contracting for services outside the agency. But these key actors believed that the centers must be given the freedom and flexibility to acquire whatever special services their families needed, even if those services were not currently offered within the DHR. For this reason, they created a public-private non-profit independent entity, Friends of

the Family, Inc., and immediately named Rosalie Streett to direct its administration. In retrospect, Streett believes that creating the separate administrative entity was the key to successful implementation because it "built in the flexibility to provide services uniquely responsive to the needs of our families"; this responsiveness and flexibility reflects the dominant principle of the family support movement: partnership with families.

Today Streett considers the primary task of Friends of the Family to be supporting and strengthening the centers, just as the centers' task is supporting and strengthening the family. She advises their staff as they perform the necessary tasks of setting up the centers or offering new services: community relations; outreach; recruitment; and training. She also assists local program directors in obtaining foundation support for local programming.

Streett attributes some of the Centers' successful implementation to the steady and intense level of technical assistance and a nurturing, consultative approach to management.

Several issues have emerged as primary focal points of implementation activity and concern:

1. **Staffing.** Maryland lacks sufficient qualified personnel to provide services. Also, the financial resources available to each center have compromised the ability to attract experienced professionals.

2. **Evaluation.** The Regional Center for Infants and Children designed an evaluation, but its implementation has proven complex. In the political context of Maryland, defining evaluation measures, especially ones related to contraception or pregnancy prevention, requires special care; the primary objective (preventing adolescent pregnancy) must not be lost in the process. Streett appreciates the complexity, yet she is eager to move ahead vigorously to test impact. "We have an obligation to the future generation to provide information on outcomes, and we owe it to ourselves as well. Our lives are too short to waste on interventions that don't work."

3. **Creation of inter-agency networks.** Establishing collaborative partnerships with other agencies at the local level has proven relatively uncomplicated. When an individual family requires special services, Streett and the local program director generally succeed in satisfying that need by buying that service from the relevant local agency (although there are instances of transporting families across the state for this purpose). The ongoing challenge will be to establish cooperative arrangements at the state level so that a flexible array of services to families becomes routine.

4. **Transition from a targeted to a universal program.** Situated within a social services framework, where the orientation to -- indeed, the interests in -- providing targeted services are entrenched, the Family Support Centers may face serious obstacles to moving to a universal-access system. Yet to make a major impact on reducing adolescent pregnancy and supporting families, universal access is seen as critical to some, primarily because no one knows *a priori* who is at risk of teen pregnancy or child abuse. Streett worries that perhaps Maryland moved too quickly, taking advantage of the opportunity for a targeted program rather than waiting to create a universal one. She asks, "Once you get into a targeted program, can you get out of it?"

5. **Growth.** Although executives at Goldseker and Straus are eager to see the state assume more financial responsibility, they have remained significant figures in decision-making through the board of Friends of the Family. Jan Rivitz at Straus has cautioned against expanding too rapidly, arguing that it is better to have "eight wonderful centers rather than twelve okay centers." There are, at the time of this writing, seven pilot centers, and planning is underway to have eleven by 1989. The sites are balanced geographically, ethnically and racially. Although programs were originally housed strictly in community-based centers, one is now operating under school district

auspices, and another operating from a housing authority. Administrators feel that this diversity expands the opportunity to enrich the understanding of what can be accomplished within different environments.

6. **Leadership transition.** One of the foremost issues concerning those who initially planned the Centers is the transition to a new generation of managers. They worry that the early successes of the Centers are too closely linked with the personalities of its founders and first directors. The departure of Frank Farrow to administer a national demonstration of family support initiatives, sponsored by the Annie E. Casey Foundation, may have sparked this concern. Nevertheless, Farrow's departure has highlighted the necessity to plan systematically for organizational maintenance so that family support services become a routine feature of social services delivery. A new generation of managers will have to be trained to know how to sustain the original coalition of support and even build upon it.

Lessons From the FSC Experience

The Family Support Centers are too new to offer definitive conclusions about their impact on the community, on families, or on child development. Nevertheless, they provide valuable lessons regarding policy formulation for children and families. In addition, they offer suggestions and hypotheses for further exploration of the implementation process.

The first lesson points to the pivotal role of information. The well documented, profound demographic changes in Maryland and Baltimore, especially among adolescent blacks, gave truth and urgency to the prevailing concern at the DHR and throughout state government about adolescent pregnancy and childbearing. Even without a particular study to document their concerns, they linked the rising incidence of child abuse and neglect to the rising incidence of teen parenting. As a consequence, data on the depth of the problem generated an atmosphere conducive to innovative action, not only with the Department of Human Resources but also throughout state government. Information created a policy window, if you will, for a new way of organizing services for families and children.

This opportunity was enhanced and nourished by the existence of an operative model of delivering support and education services, not proven, but tried, under the aegis of Family Focus in Chicago. Furthermore, under Weissbourd's leadership, an ideology of prevention had taken root that began to affect the thinking of a new generation of human services activists. With a solution available, a policy window of opportunity was now open.

Finally, the availability and energy of a unique group of policy entrepreneurs, drawing from both the public and private sectors, provided a third essential ingredient to the formation of the Family Support Centers. Although there was one primary architect of strategy, there were several key actors who mobilized and orchestrated political activity on behalf of the Family Support Center proposal. They consistently and vigilantly engaged in joint action, shepherding the proposal through the various stages to state sponsorship during the winter of 1985.

Perhaps their comprehensive list of activities provides the most useful guide to others planning family support initiatives in state government:

DO:

A. start with a vision;
B. involve a broad base of individuals throughout the decision-making process;
C. organize public AND private support at the outset;
D. listen to the skeptics who provide information critical to the outcome of the initiative;
E. operate on many fronts simultaneously;
F. take advantage of your opposition's mistakes (remember the excesses of the Family Protection Lobby);
G. remain attentive to the variety of interests, needs and vulnerabilities of all your potential supporters; but

DO NOT:

A. talk only to those who agree with your larger political objectives. Successful coalitions are built by dividing the opposition;
B. ignore the potential of the social parlor meeting. The social gathering is instrumental in recruiting influentials and keeping them happy.

Conclusions

The key players in the Family Support Center initiative identified interests, built a model based on existing knowledge, and unified diverse constituencies. Each member carved an area of distinctive competence; as a group they moved on several fronts simultaneously. They offer a superb example of what team initiative, acting in a government context sympathetic to innovation, can accomplish for children and families. Although the litany of activities described could be outlined in a classic text of public policy formation, these provide valuable fresh instruction. Together, these recommendations add up to a model of policy entrepreneurship at its best.

Beyond formulation, the experience of the Family Support Centers teaches important lessons and suggests questions for additional research on managing family support services, especially in a human services context. Perhaps the single, even pivotal decision affecting the implementation of the Family Support Centers was the decision to establish a separate administrative entity. The founders felt that if the Family Support Center program was administered by the DHR it would be difficult to achieve the degree of flexibility and responsiveness needed in terms of contracting local service providers and providing family support services. The semi-autonomous structure they created, however, faces a number of challenges. One of the most important of these challenges is obtaining the level of resources needed for the long-term survival of the program. Another challenge concerns the evolution of the relationship between Friends of the Family and the local centers. The present structure has been created as an alternative to the conventional top-down service delivery mechanisms that characterize the provision of human services in the public sector. If the existing arrangement is to become an effective alternative to conventional bureaucratic service delivery structures, Friends of the Family will need to develop and institutionalize new forms of management and cooperative relations with the local centers. Otherwise, the nature of its relations with the local centers may in time come to resemble the kind of centralized control that the founders of this program have sought to avoid.

Second, the 'nurturing management' approach seems to have been instrumental in bringing the centers into a collaborative, partnership arrangement. The center directors are thought to benefit from the nurturing sessions conducted by Streett in which she models the kind of constructive relations that she hopes directors will provide for the centers' families. Although the nurturing approach to management largely explains the impact and the success of the centers, this approach does raise questions about the nature of oversight and the enforcement of standards. At what point, and for what reasons, does the administration decide that nurturing and consultation have failed to elicit performance? Two centers have been closed, so these issues have clearly been confronted -- and addressed. In the next round of investigation, we hope to learn more about how standards of performance evolved, and what criteria were used to define success and failure.

Finally, much credit for the successful emergence and growth of the Centers belongs to the team of policy entrepreneurs who developed, expanded, and maintained the broad-based coalition of political and financial support. The major issue that looms ahead for Maryland is how this team will manage continuity of leadership into the next generation. This challenge highlights a latent concern among those who have worked so hard to develop a new orientation of services in Maryland, and elsewhere: is the unique success of program development dependent on a few personalities, or has it evolved to the stage of a deeply and permanently held idea whose time has come?

APPENDIX A: KEY EVENTS

TABLE 1: MISSOURI

TABLE 2: MINNESOTA

TABLE 3: CONNECTICUT

TABLE 4: MARYLAND

TABLE 1: MISSOURI KEY EVENTS

1980
Governor Kit bond is reelected and resumes lobbying activity on behalf of parent education.

1981
Second Conference for Decision Makers is held to present latest research findings and provide state direction in early childhood/parent education. Conference participants decide to launch New Parents As Teachers (NPAT) based on Burton White's model. NPAT becomes collaborative effort of the Department of Elementary and Secondary Education and the Danforth Foundation.

Four school districts selected as pilot sites on the basis of competitive proposals. Department of Education commits $130,000 from state's Chapter II ECIA funds. Commissioner Mallory selects Mildred Winter to administer the pilot.

1982
An advisory committee, Committee on Parents as Teachers, is created as a political and fundraising tool, and includes a broad cross-section of advocates and medical, educational, and political leaders from around the state. Senate Budget Committee rejects PAT bill for third time.

1984
Early Childhood Development Act (SB 658) mandates parent education and screening of children from 0-4. This legislation requires provision of services in all 543 school districts.

1985
Legislature appropriates $2.7 million for PAT program. Evaluation Report of NPAT released by Research and Training Associates of Overland Park, KS. Winter sets up statewide training institutes.

First year of statewide implementation of development screening for ages one and two, and parent education for parents with children 0-3. Districts are reimbursed for up to 10% of eligible population.

1986
Districts reimbursed for up to 20% of eligible population. Second wave evaluation study involving 37 school districts begins.

1987
PAT National Advisory Board convenes; National Training Center established. Districts reimbursed for up to 30% of eligible population. Follow-up study of NPAT participants entering kindergarten is initiated. PAT program selected by Harvard's Kennedy School as one of ten outstanding innovations in the government.

1988
Legislature appropriates $11.4 million for PAT program.

TABLE 2: MINNESOTA KEY EVENTS

1971
Council on Quality Education created by legislature to fund innovative, cost-effective programs in local school districts.

1973
Democratic Farmer-Labor Party assumes majority in the Senate; Hughes becomes Chairman of Education Committee and introduces first ECFE bill, which is laid over until 1974.

1974
ECFE bill introduced in Senate by Hughes; basically identical to 1973 bill. Compromise establishes ECFE advisory task force and drafts Council on Quality Education to pilot at least six programs with $230,000.

1975
Number of pilot programs increases to at least 10 for 1975-76 and 1976-77 with $500,000 appropriated for each year.

1977
Legislature approves increase to 22 sites at $854,000 per year and directs Council on Quality Education to study policy issues and report back in 1979.

1979
Council on Quality Education recommendations for funding are tabled, which would have begun gradual expansion of sites and developed a formula to which proven programs would shift from grants. Grant category for serving economically disadvantaged parents is established. Appropriations are $1,650,000 for FY 1980 and $1,767,000 for FY 1981.

1980
Thirty-six ECFE pilot programs in 29 districts.

1981
Council on Quality Education staff present 1979 policy study with minor revisions to legislative offices. Preoccupation with growing revenue crisis limits discussion. Appropriations are $1,500,000 for FY 1982 and $1,275,000 for FY 1983.

1982
Passage of provision in Senate bill that would begin conversion of experienced pilot programs to variation of foundation aid formula; provision excised in Finance Committee. State budget cuts result in the FY 1983 ECFE appropriation being reduced to $1,157,577.

1983
Hughes becomes President of Minnesota Senate. Pilot sites provided with Council on Quality Education grant and $.25 per capita in aid. All districts with a Community Education program receive aid at $.25 per capita and are encouraged, but not required, to use it for ECFE. Legislation shifts responsibility for ECFE to Community Education in 1984-85 with $.50 per capita aid.

1984
Hughes sponsors legislation that replaces the $.50 per capita aid for 1985-86 with an ECFE aid and levy formula. Legislation specifies program characteristics, accounting procedures, and requires teacher licensure for staff.

1985
Local districts allowed to levy up to .4 mill in October of 1984 for use in FY 1986; 253 districts levy in October. Levy increased to .5 mill for use in FY 1987. Expectant parents added as a group that may be served and substantial parent involvement is defined. Approximately 70 districts have ECFE programs in operation; many more start planning and outreach.

1986
First year of implementation under formula finding. Total state appropriation increased to $5,245,100; total local levy generates $7,459,845. 253 out of 435 school districts offer ECFE services.

1987
Total state appropriation increases to $6,028,600; local levy generates $9,771,400. Approximately 300 local districts offer ECFE.

1988
Approximately 380 out of 435 school districts are designated Community Education districts and are eligible to levy for ECFE. 310 districts offer ECFE services.

TABLE 3: CONNECTICUT KEY EVENTS

1984
J. David Hawkins and Joseph G. Weis' Social Development Model of Positive Youth Development is accepted by the Department of Children and Youth Services.

1985
The Department of Children and Youth Services' Division of Planning and Community Development begins planning and initiative for children and families that includes funding for comprehensive parent centers.

Legislature passes FY 1986 budget, which includes permanent funding for a Department of Children and Youth Services Prevention Coordinator.

1986
Legislature passes FY 1987 budget, which includes six-month funding to develop a network of Parent Education and Support Centers.

A Request for Proposals is issued by the Department of Children and Youth Services, announcing the availability of $150,000 for 10 centers to be funded 1/1/87 through 6/30/87.

1987
Ten centers, funded at $15,000 each for six months, begin operation. Appropriation for centers is annualized to $300,000 plus a cost of living increase (for a total of $31,200 per program per year) for FY 1987-88.

The University of Southern Maine's Center for Research and Advanced Study is chosen to evaluate the program. USM consultants begin evaluation of two of the 10 centers.

1988
The Connecticut Commission on Children plans a study of Connecticut's early childhood development programs including parenting education/family support.

Evaluation of centers expands to six sites. Legislature approves $175,000 in new funds: $75,000 to implement an urban center program in Bridgeport and $10,000 in new funds for each of the 10 existing centers. The FY 1988-89 allocation to each of the original centers is $42,697.

TABLE 4: MARYLAND KEY EVENTS

1984
Governor holds retreat to discuss children's issues. Committee on Children and Youth creaated.

Frank Farrow, Director of Social Services Administration at Department of Human Resources convenes working group to brainstorm a family support initiative.

Governor Hughes hears presentation on family support proposal and indicates his support.

1985
Budget hearings held. Family Support Centers are included in Governor's budget and submitted to the General Assembly.

Budget Committee awards $297,000 to FSCs. Straus and Goldseker foundations each commit $50,000.

Governor's Task Force on Teen Pregnancy releases report. Four sites are selected from 50 proposals.

1986
Legislature votes $600,000 in funding for FSCs; four additional sites are selected.

1987
Ford Foundation announces grant of $128,000; Knott Foundation announces grant of 27,000 and Public Welfare Foundation provides $110,000.

1988
Goldseker increases its commitment to $75,000 per year and the legislature increases funding to over $1 million.

Two centers are closed; a new site, the first in a public school setting, is selected.

Annie E. Casey Foundation awards grants of $7.5 million over five years for major reform of child and family service system in Maryland. The Family Support Centers are a major component of this reform.

APPENDIX B: OVERVIEW OF FOUR STATES' EVALUATIONS

Overview of Four States' Evaluations

Weiss, H. & Halpern, R. (1990). *The Challenges of Evaluating State Family Support and Education Initiatives: An Evaluation Framework.* In: Helping Families to Grow: New Direction for Policy. Center for the Study of Social Policy, Washington, DC.

State	Study Year: Program Budget	Study Year: Number of Programs	Participant Specifications: Universal	Participant Specifications: Targetted	Number of Evaluated Sites	Evaluation Funding	Source of Evaluation Funding: State Agency	Source of Evaluation Funding: Foundation	Source of Evaluation Funding: Other	Evaluator: Internal	Evaluator: External	Evaluation Components: Implementation	Evaluation Components: Parent Satisfaction	Evaluation Components: Quality Review	Evaluation Components: Management Audit	Evaluation Components: Child Outcome	Evaluation Components: Parent Outcome	Evaluation Components: Participant Case Study	Evaluation Components: Other	Statewide Enrollment and Participation Data: Available	Statewide Enrollment and Participation Data: In Process	Statewide Enrollment and Participation Data: Unavailable	Outcome Evaluation Design: Quasi-experimental	Outcome Evaluation Design: Pre-post	Outcome Evaluation Design: Status Change on Behavioral Indicators	Outcome Evaluation Design: One-time Ratings with Comparison	Duration (Years)	Follow-up Study
Minnesota																											
Study 1 (1975)	$230,953	6	✔		6	Under $10K	✔				✔	✔	✔														1	
Study 2 (1976)	$420,475	12	✔		12	Under $10K	✔				✔	✔	✔														1	
Study 3 (1977)	$570,920	13	✔		13	Under $10K	✔				✔		✔	✔		✔	✔									✔	1	
Study 4 (1978)	$712,127	21	✔		21	Under $10K	✔				✔						✔							✔			1	
Study 5 (1979)	$906,667	22	✔		20	Under $10K	✔				✔					✔	✔									✔	1	
Study 6 (1980)	1,668,602	36	✔		2	$ 5,000	✔				✔			✔													1	
Study 7 (1981)	1,740,192	36	✔		13	$ 8,000	✔				✔							✔			✔						1	
Study 8 (1981)	1,740,192	36	✔		3	$ 6,000	✔				✔																1	
Study 9 (1987-88)	15,887,920	310	✔		164	$ 7,000	✔			✔	✔																1.5	

State	Study Year: Program Budget	Study Year: Number of Programs	Participant Specifications: Universal	Participant Specifications: Targetted	Number of Evaluated Sites	Evaluation Funding	Source of Evaluation Funding: State Agency	Source of Evaluation Funding: Foundation	Source of Evaluation Funding: Other	Evaluator: Internal	Evaluator: External	Evaluation Components: Implementation	Evaluation Components: Parent Satisfaction	Evaluation Components: Quality Review	Evaluation Components: Management Audit	Evaluation Components: Child Outcome	Evaluation Components: Parent Outcome	Evaluation Components: Participant Case Study	Evaluation Components: Other	Statewide Enrollment and Participation Data: Available	Statewide Enrollment and Participation Data: In Process	Statewide Enrollment and Participation Data: Unavailable	Outcome Evaluation Design: Quasi-experimental	Outcome Evaluation Design: Pre-post	Outcome Evaluation Design: Status Change on Behavioral Indicators	Outcome Evaluation Design: One-time Ratings with Comparison	Duration (YEARS)	Follow-up Study
Missouri																											
Study 1 (1983-84	$120,000	4		✔	4	$40,000	✔				✔		✔			✔				✔			✔				1	yes
Study 2 (1989-90	$11.4mil	4		✔	4	$3,000	✔		✔	✔						✔	✔			✔			✔				1	(of
Study 3	$11.4mil	37	✔		37	$105,100	✔	✔			✔		✔			✔	✔			✔							1	study 1)
Maryland																											
Study 1 (1986-88)	$754,225	8		✔	8	$84,000	✔				✔	✔	✔			✔	✔			✔					✔		2	
Study 2 (1987-88)	1,336,000	8		✔	3	$10,000		✔			✔																1	
Connecticut																											
Study 1 (1987-90	$502,000 (1988-89)	1	✔		11	$98,977	✔				✔		✔		✔		✔				✔			✔			3	

NOTES

INTRODUCTION

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2. U. Bronfenbrenner, and H. Weiss, "Beyond Policies Without People: An Ecological Perspective on Child and Family Policy," in E. Zigler, S. Kagan, and E. Klugman (eds.), *Children, Families, and Government: Perspectives on American Social Policy* (Cambridge: Harvard University Press, 1983), pp. 393-414.

3. Governor's Interim Commission on Children and Youth, *Our Greatest Natural Resource: Investing in the Future of Alaska's Children*, Report commissioned by Governor Steve Cowper, Juneau, 1988, p. 15.

4. H. Weiss, Testimony to the U.S. House of Representatives Select Committee on Children, Youth, and Families; Hearings on Family Strengths (February 25, 1986).

5. C. Weiss, "Ideology, Interests, and Information. The Basis of Policy Positions," In D. Callahan and B. Jennings (eds.), *Ethics, the Social Sciences, and Policy Analysis* (New York: Plenum, 1983), pp. 213-245; D.P. Moynihan, *Family and Nation* (New York: Harcourt, Brace and Jovanovich, 1986).

6. B. Hausman, and H. Weiss, *Missouri Case Study Report*, Unpublished Manuscript (Cambridge: Harvard Family Research Project, 1988), p. 10.

7. H. Weiss, 1986.

8. B. Hausman, and H. Weiss, *State-sponsored Family Support and Education: The Rationale for School-based Services*, Unpublished Manuscript (Cambridge: Harvard Family Research Project, 1987).

9. Ibid.

MISSOURI

1. *Facts and Figures on Government Finance*, 20th ed, (Washington, D.C.: Tax Foundation, 1979), p. 143.

2. W. Robbins, "Rural-Urban Gap is Widening Again," *The New York Times*, March 3, 1987, A12.

3. B.L. White, *Educating the Infant and Toddler* (Lexington, MA: Lexington Books, 1988), pp. 153-184.

4. The four sites were Farmington, Ferguson-Florissant, Francis Howell and Independence.

5. J.C. Pfannenstiel and D.A. Seltzer, *Evaluation Report: New Parents as Teachers Project*. (Research and Training Associates, Overland Park, Kansas, 1985).

6. Money is allocated at the beginning of each fiscal year according to a fixed percentage (e.g. 30%) of the number of eligible families, defined as those with one or more children under three. (This rate has increased from 10% in 1985 to 35% in 1988). The actual level of state reimbursement depends on end-of-year data on family participation. Each family is assigned a reimbursement level based on the number of recorded contacts per year (ranging from $25 for two contacts to $150 for five contacts). Reimbursement for each district is calculated by multiplying the number of families at each participation level by the reimbursement rate.

MINNESOTA

1. Minnesota ranked 15th in per capita personal income in 1985. In the United States as a whole, blacks and other minorities make up 15.5 percent of the population; in Minnesota, all minorities make up 4.8 percent (200,000) of the population (4.2 million). The white population in Minnesota is extraordinarily homogeneous; most whites are of Scandinavian, German, or Anglo-Saxon background. According to the 1986 Minnesota Legislative Manual, approximately 54.2 percent of Minnesotans can trace their entire ancestry to a single group. The most significant distinguishing social characteristic among whites is probably their Christian denomination, principally Lutheran or Roman Catholic.

2. In 1985, Minnesota ranked fifth in per capita expenditures in public services and 10th in expenditures for public schools. Compared to other states, Minnesota has relied more heavily on individual income taxes (ranked fourth per capita) and less on sales taxes (ranked 15th) and property taxes (ranked 20th). In the decade between 1976-1986, Minnesota ranked 13th in its overall spending growth, largely because economic growth and bracket creep from inflation has kept the tax base broad, and because the state declined to join the taxpayers' revolt. A 1985 survey done by J. Craig and K. Sulmaranayaka from the University of Minnesota reported that 78 percent of Minnesotans were willing to forego a portion of a promised cut in taxes if the money went toward public school improvement.

3. A combination of state funding and local control creates a tension between the state, which taxes and oversees, and localities, which spend and implement. In 1985, localities collected only 34.4 percent of all revenues but spent 61.7 percent of all expenditures. Only New Mexico, California, Wisconsin, and Arizona showed a wider disparity (see Smith and Von Sternberg, "Spending Big: Minnesota Government's Rise Toward the Top," 1988). In terms of education, Minnesota is considered to be a local control state, where the legislature's job is to decide how much money will be allocated to local communities. Educational reform, or innovations such as ECFE, are developed under permissive legislation in which local school districts *may* become involved; state aid is the incentive.

4. D. Durenberger, "Point of View: An Emphasis on Prevention," *Zero to Three* 5 (1985), p. 15.

5. For a recent analysis of these notions see Smith and von Sternberg, "Spending Big: Minnesota Government's Rise Toward the Top," *Minneapolis-St. Paul Star Tribune*. (January 24, 1988), 1A, 9A.

6. J.M. Hughes, "The Home is an Academy for Learning," *The National Elementary Principal* 55 (1976), pp. 24-29.

7. In Minnesota, state aid distributions to school districts include foundation aid, categorical aids and tax relief aids. (In 1988-1989, the foundation program has been replaced by general educational revenue.) The foundation program is the heart of the state aids system. It provides school districts with funds

that are available to meet the current operating costs through a system of shared state and local financing. Its purpose is to assure that: (1) all school districts have comparable financial resources necessary to operate adequate educational programs, and (2) the property tax burden for school support is distributed equitably. In contrast to this form of general aid, the state provides schools with a wide range of "categorical" aids, which may be used only for specific purposes. The tax relief aids mainly provide property tax reduction to owners of homestead and agricultural property, by paying a portion of the yearly property tax bills to the districts.

8. CQE, *The First Ten Years* (St. Paul: Minnesota State Department of Education, 1981).

9. It is not clear what role the analysis played in decision making. However, the 13 criteria provide a full range of issues to consider. Briefly, the issues include: ease of administration at the state and local levels, of both data collection and record keeping; responsiveness to the needs and interests of local districts across the state; equalization of funding across wealthy and poor districts; incentives for district participation and the local fiscal effort required; adequacy in covering start-up costs; responsiveness of the formula to inflation over time; incentive for districts to cooperate with other agencies to avoid duplication of services; the precedent in the state for allocating aid to districts using a form of the particular formula; provision for adequate financial support to assure minimum standards of programming; ability to predict and control state expenditures; the degree to which districts would be limited to using the funds on activities directly related to ECFE; flexibility of local implementation in administration, programming, staff, and licensure; and the "safety" of maintaining support for ECFE programming from interest groups who might support add-on programs using the ECFE formula.

10. M.Q. Patton et al., "The Quality of Early Childhood/Family Education Programs," (1978).

11. CQE, "A Study of Policy Issues Related to Early Childhood and Family Education in Minnesota," (St. Paul: Minnesota State Department of Education, 1979), p. 103.

12. Ibid.

13. N. Kristensen, *A Guide for Developing Early Childhood Family Education Programs* (St. Paul: Minnesota State Department of Education, 1984).

14. CQE, "A Study of Policy Issues Related to Early Childhood and Family Education in Minnesota," (St. Paul: Minnesota State Department of Education, 1981).

15. Ibid., p. 50.

16. Ibid., p. 51.

17. Minnesota Department of Education, *Evaluation Study of Early Childhood Family Education* (St. Paul: Minnesota Department of Education, 1986).

18. K. Kurz-Riemer, "Minnesota Legislation: An Exemplary Commitment to Families," *Family Resource Coalition Report*, (1985).

19. Minnesota Department of Education, p. 22.

20. Smith and von Sternberg.

21. B.D. Cooke and R.G. Thomas, *Profile of Parent Education* (St. Paul: University of Minnesota, 1985).

22. See for instance K. Kurz-Riemer; J.M. Hughes; and the 1981 and 1984 policy reports to the legislature prepared by CQE.

23. T.R. Peck, E.L. Durgen, and L.C. Wells, *Minnesota K-12: The Current Debate, the Present Condition,* Report no. CURA-853. (Minneapolis: Center for Urban and Regional Affairs, University of Minnesota, 1985), p. 85.

24. Cooke and Thomas.

CONNECTICUT

1. J.I. Lieberman, *The Legacy: Connecticut Politics, 1930-1980* (Hartford: Spoonwood Press, Ltd. 1981), p. 177.

2. Collaboration for Connecticut's Children, *Update*, January 1987; Connecticut Commission on Children, "The Changing World of Connecticut's Children," Fall 1987, p. 6.

3. *Update*, January, 1987.

4. "Changing World," p. 15.

5. Bureau of the Census, General Social and Economic Characteristics of the Population, Connecticut, 1970 and 1980, cited in "Changing World," Figure 4, p. 17.

6. "Changing World," p. 19.

7. "Changing World," pp. 20-21, Figure 7 and Table 5.

8. U.S. Bureau of the Census, General Social and Economic Characteristics, 1980, cited in "Changing World," Figure 8, p. 33.

9. Bureau of the Census, General Social and Economic Characteristics of the Population, Connecticut, 1970 and 1980. 1984 data: U.S. Department of Labor, Bureau of Labor Statistics. Geographic Profile of Employment and Unemployment, 1984. Bulletin 2234, May, 1985, Table 12. 1985 data, cited in "The Changing World," Table 18, p. 35.

10. "Changing World," p. 36. Source: Committee on Public Expenditures for Connecticut's Children and Youth, *Connecticut Children's Budget, 1984-85* Third Edition, Collaboration for Connecticut's Children, Hartford, Connecticut, March, 1987, p. 20.

11. "Changing World," p. 46.

12. Connecticut Department of Children and Youth Services, Program Budget Option Package/FY '87, April, 1986.

13. The Office of Juvenile Justice and Delinquency Prevention (OJJDP), a federal bureau, had originally funded positions for Hall and Docknevich at DPCD.

14. It is important to note that DCYS administrators had been very eager to establish a protocol of open, competitive bidding. The 1985 audit merely added weight and force to a process that they would have initialed on their own.

MARYLAND

1. The formal structure of budgetary decision-making in Maryland is similar to that in many states; each year the legislature must vote on a balanced budget, so fiscal issues dominate the legislative process.

2. Governor's Task Force on Teen Pregnancy, *A Call to Action*, Final Report, September, 1985, p. iv.

3. P.L. Szanton, *Baltimore 2000: A Choice of Futures* (Baltimore: Goldseker Foundation, 1987).

4. Actually, Szanton says that the population of Baltimore declined from nearly one million in 1960 to 760,000 in 1985, according to Regional Planning Council estimates and the Census Bureau's 1960 Census of Population. By 1987, it had already declined even further to 725,000. Wilmington, Washington, Richmond and Norfolk (comparable regional cities) lost 35% of their white populations between 1960 and 1980; Baltimore lost 44%.

5. In 1985, 76% of eligible workers in the region were working, but only 57.8% of those eligible in Baltimore were working.

6. Szanton, *Baltimore 2000.*

7. Governor's Task Force on Teen Pregnancy, *A Call to Action*, Final Report, September, 1985, p. 1.

8. Ibid., p. 12.

9. Testimony of Rosalie Streett before the Maryland House Appropriations Committee and the Senate Budget and Taxations Committee, Spring, 1985.

10. Interview, March 3, 1987.

11. The Governor's Task Force on Teen Pregnancy, *A Call to Action*, Final Report, September, 1985, p. vii.

12. *Building for the Future: The Governor's Children and Youth Initiatives*, 1985, pp. 12-13.

13. See National Conference of Catholic Bishops, *Economic Justice for All,* Washington, D.C., 1986; and *Economic Justice for All Marylanders: A Maryland Response* by the Maryland Catholic Conference, 1986.

14. Letter from Jim Wright, Family Protection Lobby, December 30, 1985.

15. Request for Proposals, July 19, 1985, pp. 21-22.